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ABSTRACT

A 1968 study was undertaken in Michigan with the following objectives: 1) to determine drug utilization rates for public high school seniors; 2) to determine demographic, sociological, and social-psychological correlates of drug utilization; and 3) to acquire information relevant to present and future health education programs. A questionnaire (see TM 001 101) assessing drug use practices and attitudes toward drugs was administered to students in 11 high schools. The results are tabulated according to career aims, demographic data, student attitudes toward drugs, use of drugs, and ratings of nine information sources on drugs. (CK)

ED 059279

Drug Dependence in Michigan

Including

A Study of

ATTITUDES AND
ACTIONS OF THE
YOUNG PEOPLE OF MICHIGAN

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TM 001 100

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OF
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PREFACE

June 10, 1969

Herewith is the final written result of the work carried out by the House Special Committee on Narcotics and by the Sub-Committee on Alcoholism Programs of the House Committee on Liquor Control of the Seventy-Fourth Legislature.

The House Special Committee on Narcotics was created on December 15, 1967, by adoption by the House of Representatives of House Resolution Number 45 of the Special Session. Named to the Committee were Representative Dale Warner, Chairman; Representative Russell H. Strange, Vice-Chairman; Representative Loren D. Anderson; Representative Jackie Vaughn III; and Representative Thomas W. White.

On December 19, 1967, the Special Committee met in Lansing to organize and plan its activities. On December 21, 1967, the Special Committee met in Lansing with personnel of the State Department of Public Health to discuss study plans. The Special Committee met in Ann Arbor on January 7, 1968, to attend the Drug Teach-In at The University of Michigan.

On January 14, 1968, the Special Committee met in Ann Arbor with personnel and students of The University of Michigan to plan the study of attitudes and actions of the youth of Michigan regarding illicit drug use. The Special Committee met in Lansing again on January 23, 1968.

On February 2, 1968, the Special Committee was represented by its Chairman and Vice-Chairman on a tour of the Crime Laboratory of the State Department of Public Health.

The Sub-Committee on Alcoholism Programs was created by action of Representative Don R. Pears, Chairman of the House Committee on Liquor Control, on February 14, 1968. Named to the Sub-Committee were Representative Dale Warner, Chairman; Representative Stephen Stopczynski; and Representative Warren Goemaere.

The Special Committee and the Sub-Committee thereafter cooperated closely until the termination of their operations on December 31, 1968. Combined activity included four public hearings, extensive correspondence, an exhaustive research program, a year-long newspaper clipping service, a careful study of the literature and research reports and many private and public communications from law enforcement personnel, judges, prosecutors, parents, civic leaders, state department personnel, drug users and medical experts.

On March 2, 1968, committee members met in Detroit with personnel of the Lafayette Clinic, the Synanon Foundation and Wayne State University. On April 8, 1968, the Special Committee and the Sub-Committee met in Lansing with the Michigan State Medical Association Committee on Alcoholism and Drug Dependence. On May 23, 1968, committee members met in Lansing with the Lansing Council on Alcoholism Information.

House Resolution Number 256, adopted on March 8, 1968, increased the scope of authority of the Special Committee to authorize a study of attitudes and actions of the young people of Michigan in order to secure factual data on their use of illicit drugs. The study was necessitated by the discovery by the Special Committee that factual data on illicit drug use was non-existent.

Both committees were represented at a Public Hearing in Lansing on October 21, 1968; at a Public Hearing in Mt. Clemens on October 22, 1968; at a seminar on "Transactional Analysis Approach to Alcoholism and Drug Dependence" at Delta College in Saginaw; at a Public Hearing in Muskegon on December 10, 1968; and at a Public Hearing in Flint on December 19, 1968. The Public Hearings were joined with a tour of the local alcoholism treatment facility.

Committee members met on January 29, 1969, in Lansing with educators to discuss proposed legislation; on January 30, 1969, in Lansing with health experts to discuss proposed legislation; and on February 5, 1969, in Lansing with educators to draft legislation.

Numerous other meetings during late 1967, throughout 1968 and during early 1969 were attended by committee members and are too numerous to list; but they included meetings, conferences, conventions, seminars and programs by groups like Alcoholics Anonymous, local information centers, service clubs, pharmacist groups and the Michigan Alcohol and Addiction Association.

The Special Committee and the Sub-Committee contemplated publishing a comprehensive report covering their entire work and findings; but such a written report would have to be multi-volumned. It was decided to limit the published document to that which is here because additional material would merely repeat already-published literature and would waste tax-payers' dollars; a scholarly and ponderous review, however satisfying to committee members, could not be justified cost-wise.

However, the five file drawers of accumulated data, the six-foot shelf of books, the voluminous collection of pamphlets and journals and other committee materials and records are being preserved and will be available to interested policy-makers and scholars.

BASIC FINDINGS

Aside from the original findings reported herein under the title "Drugs and Michigan High School Students," committee members noted other aspects of the total problem of drug dependence and drug abuse.

First, that the underlying causes of drug dependence and drug abuse are closely and intimately related to the wide-spread and far-reaching spiritual malaise that afflicts our entire society. The relationship between spirituality and drug dependence is complex, but not subtle. While a person with a sound and growing spiritual understanding may experiment with or occasionally use different drugs (for other than medical reasons), in every case of a drug dependent person, committee members noted deep personal problems that particularly feature a lack of understanding of the vital relationship possible between Man and God. (An interesting sidelight is the claim often advanced to the effect that moderate use of certain illegal drugs significantly aids the development of spiritual awareness.)

Second, that the attitude of society and the governmental agencies through which society acts may be fairly characterized as one of vengeance and vindictiveness toward the drug dependent person who is treated as an evil person. In the years to come, we will look back at the superstitions and cruel reaction of our society to drug dependence with the same horror and disgust we now reserve for the way another generation misunderstood and abused its mentally ill and, more recently, its victims of alcoholism.

Third, that the primary agents our society has chosen to deal with drug dependent persons and the illicit drug traffic have been remarkably unsuccessful, particularly in failing to quash to any significant degree drug sales. Furthermore, law enforcement personnel, spurred on by encouragement from the Federal Bureau of Narcotics and Dangerous Drugs, have arrogated to themselves the public role of drug expert and the private responsibility to maintain the status quo, particularly demanding little or no change in prevailing attitudes, practices or statutes, even when the failure of old approaches is grossly apparent. Society's strategy of vesting credence and authority in these persons has proven ineffective.

Third, illicit drug use and sale are rising among all sectors of the population, not just the young. All forms of drug abuse and the corresponding crimes against persons and property are also rising at an alarming rate. The state, using traditional deterrents of jail sentences and fines, is not maintaining even a holding action in preventing drug abuse and drug dependence.

Fourth, alcohol is the drug which is the subject of the greatest abuse in our society and alcohol dependent persons far outnumber those persons dependent on all other drugs. This observation holds true for every age group and every socio-economic class and every region. In particular, alcohol problems and alcohol dependency patterns among the youth are far in excess of any other drug problem. In addition, alcoholism is virtually indistinguishable from many other forms of drug abuse and dependence, psychologically or physiologically.

TOWARD A RATIONAL PHILOSOPHY FOR LAWMAKERS ABOUT A PSYCHOPHARMACOLOGICAL JURISPRUDENCE

Obviously, a total re-evaluation and reform of our drug control laws is needed if, as a society, we are to continue to view drug abuse and drug dependency as social evils, thereby requiring state reaction of some sort.

First, the present attitude of society and its governmental agencies cannot be condemned too strongly. Michigan must undertake a radical policy change with appropriate governmental innovations that will realistically characterize and treat the drug dependent person as an ill person--not an evil person. State governmental agencies must regard drug abuse as a complex illness and a health problem, not an invitation to exact extra-legal and statutory penalties, while ignoring the psychological and physiological causes leading to drug abuse, thereby compounding the personal and social problems attendant on drug abuse.

Second, institutions and organizations other than those now responsible for carrying out social goals in this area must be involved so that our society will begin to effectively and honestly treat with the root causes of drug dependency. Institutions and agencies with a mature and non-punitive insight into the real nature of drug abuse in Michigan must be strengthened to enable them to publicly and privately prevail against the wildly unfactual propaganda and the shockingly counter-effective actions of those presently vested with authority in this area.

Third, legislation must be passed; appropriations must be made; and state agencies, local government, private organizations, schools, and civic leaders must be encouraged to join in an already launched community-by-community effort to eradicate the problems of drug abuse and drug dependence in Michigan.

Fourth, alcoholism and other forms of drug abuse and dependence must be considered together. In particular, state appropriations for the Michigan Alcoholism Program must be vastly increased if a comprehensive attack is to be made on this health problem, the fourth most important one facing us.

One or two or three years will not be enough to completely effectuate a massive reversal of attitudes and practices and to implement a sound, realistic and humane program. Nevertheless, ten years should suffice, and the year 1980 should be the target date for the total success of a rational scheme for a sound psychopharmacological jurisprudence.

Specific proposals for 1969 include three bills: House Bill 3261, which proposed the creation of a Critical Health Problems Education Program within the State Department of Education; House Bill 3262, which proposes to return flexibility to judges in sentencing those convicted of illegally dispensing or selling narcotics; and House Bill 3263, which proposes the establishment of a Drug Abuse and Drug Dependency Program within the State Department of Public Health. Other enlightened legislative proposals have also been proposed for the 1969 legislative session and future years will see proposals designed to generate a healthy and progressive and successful state program which will eradicate drug abuse and drug dependence in Michigan.

Dale Warner, Chairman
House Special Committee on Narcotics
Sub-Committee on Alcoholism Programs
State Capitol Building
Lansing, Michigan 48901

343 South Main Street
Ann Arbor, Michigan 48108
December 9, 1968

The Honorable Dale Warner
State Representative
Capitol Building
Lansing, Michigan 48901

Dear Representative Warner:

We hereby submit the final report of our study, "Drugs and Michigan High School Students," which was conducted under the auspices of the Michigan Department of Public Health.

Sincerely,

Richard A Bogg

Richard A. Bogg, B.B.A., M.H.A.
Research Associate in Maternal
and Child Health
School of Public Health
University of Michigan

Roy G. Smith, M.D., M.P.H.
(formerly) Child Health Consultant
Bureau of Maternal and Child
Health
Michigan Department of Public Health
(currently) Associate Professor of
Public Health
School of Public Health
University of Hawaii

Susan D. Russell, A.B.
Research Assistant

DRUGS AND MICHIGAN HIGH SCHOOL STUDENTS

The Final Report of a Study Conducted for the Special Committee on Narcotics

by

Richard A. Bogg, B.B.A., M.H.A.

Roy G. Smith, M.D., M.P.H.

Susan D. Russell, A.B.

Under the Auspices of the

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I INTRODUCTION

The problem of drug use as an activity unassociated with medical practice is as old as the history of man. It is difficult to fix a point in time when modern disquietude about drugs began to crystalize. However, it is clear that there is a growing concern by parents, educators, law enforcement agencies and society in general regarding the apparent increase in the use and abuse of drugs by the youth of our society. While a few surveys had been made prior to this study, with a few exceptions they have yielded little information other than to indicate the growing troubled awareness of the phenomenon of youth and drugs.

It seemed to us that drug behavior, and the attitudes behind the behavior, is of importance to those involved in the making of public policy. Certain questions arise regarding our programs today for classification, control, enforcement, education, guidance and medical care. Are these programs oriented toward the problems as they exist today? Or are they oriented toward the society and youth of 1 to 4 generations ago? If we are to have more than a "holding action" influence, we need to have knowledge - - not guesses - - about what our youth is doing, and why. Our programs need to be oriented toward both today and tomorrow.

Before the members of legislative, official agencies, such as the Departments of Public Health and of Education, and other leaders of the community can make any intelligent decisions regarding control measures, revisions of laws, curricula changes or development of health prevention programs, some ideas about the extent and characteristics of the problem are necessary. In the past, too many decisions in this area of drug abuse have been based on biases, moral judgements and cursory, inadequate observations.

The above issues were discussed at a meeting of the Special Committee on

Narcotics of the House of Representatives, which was also attended by members of the Bureau of Maternal and Child Health, Michigan Department of Public Health, and a resource person from the University of Michigan, School of Public Health, Maternal and Child Health Research Program. A study of drug use by Michigan young people was proposed. While consideration was given to including college students and other persons of college age in the study, it was ultimately agreed to concentrate the limited resources available on high school seniors.

In the Spring of 1968, the Bureau of Maternal and Child Health of the Michigan Department of Public Health was asked to undertake this study. In order to produce and carry out a study of high quality and validity, it was decided to tap the resources of two of our major universities: The Department of Sociology at Michigan State University, and the Maternal and Child Health Research Program at the University of Michigan.

What follows, then, are the results of the coordinated efforts of people from two institutions of higher learning and one official state agency.

II OBJECTIVES

The first objective of the study was to determine the utilization rates for high school seniors of a list of substances which included marihuana, L.S.D. and alcohol.

The second objective was to determine demographic, sociological, and social-psychological correlates of the utilization principally of marihuana, but also of alcohol.

The third objective was to acquire information relevant to present and future health education programs in secondary schools.

III RELEVANT RESEARCH

Of the work that has been done in the field of drug usage by adolescents, one survey is particularly relevant to our research. It was done under the direction of Edward A. Suchman, and is described in an article by him entitled "The 'Hang-loose' Ethic and the Spirit of Drug Use."[1]

Suchman took a representative sample, in November, 1967, of 600 students from a California university with an undergraduate enrollment of 12,200. He found that all students who took drugs of any kind reported use of marihuana, the drug-taking percentage being 21.1. The next most common drug was L.S.D., the percentage being 2.2. [This corresponds roughly with the findings about University of Michigan students who were surveyed in conjunction with research methods courses (academic year 1967-68). The data made available to the authors suggest that approximately 25% of undergraduates have tried marihuana at least once, with students in the humanities and social sciences the most frequent users.]

In his report of drug use, Suchman goes far beyond providing utilization rates. His major assumption was that "drug use on campuses today represents a social form of recreation far removed in nature from the traditional problem of narcotics addiction and, for that matter, alcoholism." Furthermore, he tested the hypothesis that the use of marihuana is highly associated with other expressions of a new breed of youth characterized by a 'hang-loose' ethic. "One of the fundamental characteristics of this ethic is that it is irreverent. It repudiates, or at least questions such cornerstones of conventional society as Christianity, 'my country right or wrong', the sanctity of marriage and premarital chastity, civil disobedience, the accumulation of wealth, the right and even competence of parents, the schools and government to head and make decisions for everyone - - in sum, the Establishment." Suchman found drug users (marihuana was listed by all students taking drugs) significantly more likely to report attending "happenings", reading underground newspapers, and participating in mass protests. Reported attitudes differed as well. Drug users were significantly more likely to oppose the Viet Nam war and the draft. They were more likely to suggest that learning often seems a waste of time and that students should have a more active role in decisions relating to student life. Drug users reported lower grades and a relatively greater interest in leisure time and recreational activities as compared with civic affairs or family relations.

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[1] Edward A. Suchman, "The 'Hang-loose' Ethic and the Spirit of Drug Use," Journal of Health and Social Behavior, IX (June, 1966), pp. 146-155.

Suchman did not find that drug users were significantly different from non-drug users in responses to questions designed to measure "anomie". This concept, originally used by Emile Durkheim in his classic work on suicide[2], has come to denote apathy, withdrawal, despair, a feeling of aloneness and mistrust of others, and perhaps an overall "dim world view". While the 'hang-loose' ethic may represent antagonism to the conventional world, this should not be equated with anomie. Participation in mass protests, a type of behavior reported much more frequently by drug users (45.9% versus 15.2%) is not the kind of behavior that one would generally expect by those who are anomic.

Suchman concludes that the use of marihuana "constitutes an important means both of attaining 'freedom' from the pressures of society and of expressing antagonism toward the 'unfair' laws and restrictions of that society. For such students marihuana serves much the same function as 'social drinking' does for their parents, and their 'law breaking' has the same social sanctions as drinking did during Prohibition. And just as 'social drinking' is a far cry from 'alcoholism', so is smoking marihuana far removed from 'narcotics addiction.'"

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[2] Emile Durkheim, Suicide, trans. John A. Spaulding and George Simpson (New York: The Free Press, 1951).

Suchman's findings partially fill the large gap in our understanding of current drug use by young people. However, his study concerned a single university in a state where drug activity has been rather widely reported. His study also dealt with college students, persons with somewhat above average socio-economic backgrounds.

Several questions come to mind: Would Michigan high school seniors who use marihuana tend to resemble Suchman's college student users? Would the explanations which Suchman gives for differentiating college users and non-users also apply to Michigan high school students? Does marihuana consumption serve the same functions for high school students as 'social drinking' does for their parents? Are the penalties for marihuana consumption today analogous to the penalties for drinking during Prohibition? These and other related questions should certainly be grappled with and it is the intent of the authors that the study findings below will be relevant to these questions.

IV METHODOLOGY

The limited funds available and the relatively short period of time which could be allowed to lapse between the design and field work stages made it necessary for us to forego home interviews and a sampling plan which would have permitted inference to the entire statewide population of high school seniors.

An alternative sampling plan includes the dividing of a state into regions, one or more schools being selected at random from within each region. Even this plan could not be followed, since we had extreme difficulties in obtaining the participation even of a single school for the pre-test of the questionnaire. We found opposition to the study from school superintendents, principals, and even teachers.

We finally attempted a "shot gun" approach at locating schools, each investigator using a variety of personal and professional contacts. Attempts were made to acquire schools reflecting various geographic areas and the demographic, economic, and racial diversity of the state of Michigan. The eleven schools which were finally obtained are scattered throughout the state and, as will be shown below, the schools differ considerably from one another. This study design is not a perfect stratified, random sample, but we wish to state emphatically that we, as investigators, had no prior knowledge of drug use within the various schools selected. The school administrators themselves were quite uncertain of drug use. By approaching personal and professional friends within the schools, instead of strangers, we substantially reduced those refusals which would have been based on fears that the student populations would be "exposed" and the good names of the schools tarnished.

In acquiring students from within schools, we selected (or were offered) students who were regularly scheduled for certain rooms or halls. In five instances entire senior classes filled in questionnaires amid practice sessions for graduation ceremonies. In one school, a large study hall was used for four consecutive periods. In the remainder of the schools, American Government or Problems in Democracy course sessions were utilized. Since seniors are required by Michigan law to take such courses, the composition of the sessions tended to be representative of senior classes. To our knowledge, there was no systematic exclusion of special ability groups. While such a selection method does not provide the same safeguards against bias as systematic random sampling by class roster, we are unaware at this time of any substantial biases in the makeup of the groups which were included.

There were distinct advantages in approaching students in their regular classes or study halls. Since students were not individually scheduled for specific test sites, no names were recorded and no student could feel that he was singled out for investigation. Secondly, students were in familiar locations, among friends. Thirdly, questionnaire administrators could be introduced by teachers familiar to the students. (In a study such as this, where voluntary admission of serious misdemeanors is requested, one cannot possibly overlook factors bearing on the comfort and psychological support of respondents.)

A Use of the Data

Our sampling design rules out specifically the inference of utilization rates to the remainder of Michigan public high school seniors during the late spring of 1968. Utilization patterns which are relatively consistent across schools may provide a few clues to overall patterns, but must be applied with great caution. The relations between student characteristics and drug usage, if consistent across schools, are more likely to represent overall patterns. The exploratory nature of the study should be mentioned, it not being the intention of the investigators to provide a definitive answer to the questions which have been raised. The data should provide part of the information pool from which more exhaustive, state-wide, and perhaps ongoing studies could be based.

B Protection of Respondents

A relatively small but growing number of behavior scientists are conducting studies concerned with activities which are clearly illegal. Such researchers are posed with three problems: (1) they must convince respondents that it is in their interest to report illegal behavior; (2) they must insure that the information obtained cannot be used for the harrassment or arrest of respondents; (3) they must assure that they themselves will not be subpoenaed for court appearances in which they must testify against respondents.

Fortunately, this study came under the provisions of Act 39 (1957), an act to provide for and safeguard the confidential character of research studies conducted by the state Department of Public Health. Respondents can be reassured, because of this act, that personal information will not be made public, and that it is inadmissable as evidence in court.

In addressing student respondents, efforts were made to inform them of the protection provided by Act 39 and the intent of the investigators themselves to assure confidentiality (See appendix 2). Students were requested not to sign their names on questionnaires and told that no records were taken of the rooms (or hours) in which questionnaires were administered.

It should be apparent to the reader that names of participating schools are also being kept confidential. We hope to encourage public institutions to assist in future social science research, by demonstrating that even the most controversial public issues can be subjected to scientific inquiry.

C Validity of Responses

The first question a reader might pose is whether or not students provided honest information about their drug utilization. There is no way of estimating under-reporting. Our general impression is that students tended _not_ to _fear_ giving utilization information, since no effort was being made to ferret-out suppliers, particularly suppliers within the student body. Conditions of questionnaire administration were relatively favorable, and virtually all students appeared to respect the privacy of others.

Over-reporting could be somewhat more easily appraised, particularly instances in which the student might try to demonstrate prior utilization of a large variety of drugs. Several fictitious drugs were inserted in the drug list, one entitled, for example, R.N.R. No student stated that he had used any of these. Reasons given for using marihuana were comparable to those often given by college students to research interviewers. In spite of our efforts, the sophisticated student could have over-reported in a convincing way.

D Schools and Communities Included in the Study

Type of School and/or Community	Population Range Within Which Community Falls
Private School (students drawn from urban areas of Michigan)	------------
Suburban (Detroit Metro Area)	------------
Central City A	75,000-999,999
Central City B	75,000-999,999
Urban Lower Peninsula (2 schools)	25,000- 74,999
Small Town, Upper Peninsula	2,500- 4,999
Small Town, Lower Peninsula	5,000- 9,999
Rural Upper Peninsula	000- 2,500
Rural A, Lower Peninsula	000- 2,500
Rural B, Lower Peninsula	000- 2,500

E Aggregation of Schools for Computer Analysis

Since the respondents represented senior classes or samples of senior classes from independent school populations, rather than a sample of all seniors in the state, the respondents could not be completely aggregated for computer analysis. For the sake of a simplified and more efficient analysis, pairing of schools with similar socio-economic characteristics was considered. Most schools, however, were found to be different from one another in important respects. Only two schools could be combined, not because they were particularly similar but because the students surveyed represented a sample of all seniors in a school district (Urban Community Schools A and B).

Five schools were not included in the computer analysis of marihuana consumption. The two schools which were surveyed with the pre-test questionnaire could not be included, since the computer programs could not be readily and inexpensively adapted to two different questionnaire formats. However, marihuana consumption by participating students at these two schools and at Small Town School, Upper Peninsula, was relatively low (under 6%). The actual numbers of students (less than ten at each school) is so small that the X^2 test cannot be readily used. While there are statistical tests which could be applied manually to the data, it is difficult to obtain statistical significance even when the findings appear strongly to support the operating hypotheses. In view of these considerations and also the high cost of computer time, we restricted the analysis to six schools, two of which are combined and referred to as a single school. (Rural Schools A and B were excluded simply because there was no reported marihuana consumption.)

The analysis consists primarily of comparisons between marihuana smokers and non-smokers, as well as drinkers and non-drinkers.

F Data Gathering Instrument

The questionnaire used in all but two schools was a revised version of one used on a pre-test school. The use and evaluation of a pre-test questionnaire is a customary way of eliminating unnecessary questions, clarifying questions which appear to confuse respondents, increasing and improving choices for "forced choice" questions, and testing hypotheses.

The students provided some oral feed-back following the pre-test questionnaire administration, and their written comments and qualifications of responses were used for purposes of questionnaire revision. The final questionnaire employed only a few so-called "open-ended" questions, items which have to be judged subjectively by coders prior to key punching of data cards. Having pre-tested the forced-choice items, we were reasonably confident that the remaining students in the study were given a full range of ideas or alternatives to choose from.

G Techniques of Data Presentation

The following presentation is divided into two sections. The first includes a comparison of descriptive statistics in the form of percentage frequencies of responses to questions. Tables IA-E, IIA-I, IIIA-O provide detailed information upon which the discussion is based.

The second section (Tables IVA-T)includes the results of analytic techniques. The object of the analysis is to relate the use of marihuana to the use of other drugs, as well as to socio-economic status (social and economic position of parents in the community), sex, life styles, career plans, attitudes, etc.

Much of the presented material is based on statistical analysis. The following discussion is included for the benefit of those who are unfamiliar with statistical tests of significance:

> The statistical device used is called a chi-square or X^2 test. This commonly used test provides the researcher with the probability that the relationship (between variables) he observes could have

happened by chance alone. More girls than boys might have college plans, for example, but a X^2 test of such findings might indicate that such findings could occur by chance alone, 25% of the time. We would have, in this instance, little assurance that our finding was significant and worth relating to other interested persons.

Five per-cent (5%) is a commonly used percentage to distinguish between what are called statistically significant findings and those which are insignificant. If an observed relationship could have occurred by chance alone only 5% of the time, we call it statistically significant. The symbol $p. < .05$ indicates a probability less than 5% and a symbol $p. < .01$ indicates a probability less than 1%.

It is very important to note that when a significant relationship is reported, we are not saying that one variable is the cause of another. Behavioral scientists rarely make causal statements, since a causal statement suggests that one almost perfectly understands a given situation.

In Tables IV A through IV T, the level of significance is given so that the reader may evaluate the data for himself.

Chi-square statistical tests were made on raw frequencies, but percentages are provided as well, so that comparisons can more readily be made among schools.

H Brief Descriptions of School Populations

Private

Students attending this school tend to come from what sociologists call the upper-middle and upper classes. Over 60% of the fathers are either in executive or professional occupational positions, while all but 20%

have a Bachelor's Degree. About 42% of the others have graduate degrees. Homes tend to be particularly spacious (see Tables I A-I E). The school is predominately Protestant, with a small minority of Jewish students. Students reported (with one exception) being college bound.

Suburban

Participating students attending this school are predominately middle-class as might be expected in the Detroit suburban area. About 18% of their fathers are college graduates, and all but 22% are high school graduates. All but 20% are "white collar" job holders or craftsmen. About 68% of the students were college bound. This school apparently includes a high Catholic enrollment (33% of our sample), the remainder being Protestant or non-affiliates. All participating students were white, the community being racially segregated.

Urban Community A and B

These two schools, though located in the same school district, were somewhat different in socio-economic-class composition. Sixty-five per cent (65%) of the fathers of participating students from school B had high school diplomas, as compared with 50% of fathers in School A. College bound percentages were 51 and 57 for schools A and B, respectively. Seniors from these two schools probably came the closest to being typical of seniors in urban areas of the state outside of the Detroit metropolitan area (See Tables I A-I E).

Rural Communities A and B, Lower Peninsula

Two rural community schools, both located in the central portion of the lower peninsula, were very similar in character. Reported education of fathers was relatively low, the proportions of high school graduates being 52% and 50% for the two schools. Less than one-half of the students were planning college. While these schools were not the furthest in terms of miles from the metropolitan areas and major university centers, students appeared to be the least cosmopolitan of student groups in the study. Less than 18% of the students reported being Catholic.

Small Town, Upper Peninsula

Students from this small town high school were the least likely to have college plans of student groups in the study (38%). About 50% of the fathers had high school diplomas. A majority of students are Catholic, the only school study population with such a majority.

Rural Community, Upper Peninsula

This school resembled the other school from the U. P.. Low grades, low rate of college plans, few homes with dens, libraries or studies, etc. characterize this school. Also, only 45% of the students' fathers were reported to hold high school diplomas.

Small Town, Lower Peninsula

Students included in the sample from this high school appeared to come from families comparable in socio-economic status to those of Urban Community School B and not a great deal different from families of Suburban School Students. About 64% had college plans, for example, the third highest percentage in the study. While this community is in an agricultural area, it is within an hour's drive of a large city.

Central City A

While our staff collected interviews in a Detroit "inner city" school, severe lack of cooperation from school officials did not permit any kind of scientific sampling and the data obtained does not merit inclusion in this report. Central City A comes nearest of all the schools in our study to being an "inner city" school. The sex characteristics of the sample (62% female) reflect dropouts among the male population. Only 40% of fathers were reported to have a high school diploma. Students reported the lowest grades of any group in the study, although 51% reported college plans. (See Tables I A-E)

Central City B

Students in the sample obtained from Central City B are somewhat higher in overall socio-economic status than students in Central City A. Fifty per cent (50%) of fathers were high school graduates. While about half of the students reported college plans, reported grades were higher than Central City A. Both schools are racially integrated but predominately white, and the proportions of Catholics are 31% and 20% for schools A and B, respectively.

V DESCRIPTIVE FINDINGS

A Tobacco Usage

Use of tobacco is theoretically an important behavior since it resembles in some respects, the use of marihuana. Like marihuana smoking, tobacco smoking is illegal in Michigan for those under 21 years of age. Use of tobacco generally violates parental requests even if parents are smokers themselves. With the increasing evidence linking tobacco with a number of medical conditions, use of tobacco may be a way of tempting or defying fate. Finally, there are similarities in the techniques of consumption, with the active ingredients of both types of substances entering the blood stream through the alveoli of the lungs.

Students were asked: "Do you smoke cigarettes?"

(IF YES) "Do you smoke at home?"

Tobacco smoking was least frequent at the three Rural Community schools, 25-32% of the students reporting use. On the other hand, 56 and 57% of the students reported tobacco usage at Central City B and Small Town, Upper Peninsula schools, respectively. (see Table II A) Less than half of the students who do use tobacco, report that they smoke at home.

It should be clear that in spite of the efforts of schools, parents, and health organizations which are opposed to smoking, the use of tobacco is widespread among the students studied. As noted above, this tobacco use is technically illegal.

B Consumption of Alcoholic Beverages

Alcohol is classified as a drug and is an important element in this analysis. The euphoria which it provides is comparable to the effects of several other drugs.

Consumption is illegal for minors, often violates parental requests and may represent the tempting or defying of fate since alcohol induced behavior is unpredictable and possibly dangerous.

Students were asked, "Do you drink alcoholic beverages?" Consumption as measured by responses to this question, was more extensive than consumption of tobacco. In only one school do less than 50% of the students report drinking. (see Table III B) There are no clear urban-rural differences. Consumption does not seem to follow socio-economic patterns. The two schools reporting the highest proportions of drinkers (Private, 81% and Rural, Upper Peninsula 79%) are quite different regarding reported college plans, education of fathers, etc. Suburban School, second highest in socio-economic status, has only the seventh highest percentage of drinkers (60%).

Actual inebriation was appraised by a series of questions about events related to drinking, Among drinkers, approximately two-thirds say that they have "vomited " after drinking on one or more occasions. Approximately one-third say that they have "passed out" after drinking on one or more occasions.

C Students' Appraisal of Marihuana

Students were asked about the potential effects of marihuana on the "mind" and on the "body". The Private School students were least likely to consider marihuana as dangerous, only 40% feeling that it is harmful for the mind and 37% that it is harmful for the body. (see Tables II C-D)

Approximately 60% of Suburban School students felt marihuana was harmful to the mind and body. The percentages are higher still among all of the other student groups, and highest among the rural students (approximately 80%). Appraisals of marihuana appear to follow a rural-urban continuum, the more isolated the community, the more likely the student will consider marihuana as harmful.

While a substantial majority of students would appear to be fearful of the psychological effects of marihuana, some consider this drug as harmless to mind and body. These latter students who represent from 13% to 58% of the respective populations are a potential user group, since some of the remaining barriers to use are imposed from without by authorities which students cannot directly or indirectly influence (through election process) and to whom students may give little legitimacy.

D Attitude Toward Laws Relating to Marihuana

Students were asked about state and federal drug-control laws which apply to marihuana and were given a series of forced-choice items ranging from "the laws are too lenient and need to be stronger for better control" to "marihuana should be legal for anyone".

As shown in Table II E, the proportions of students desiring stronger laws vary from 10% to 49%. Only in Private and Central City B schools were there more students favoring lowering or eliminating penalties than maintaining or stiffening them. Approximately one-third of the students sampled elected the response, "I am unfamiliar with laws relating to marihuana".

Attitudes toward marihuana laws are not closely related to reported utilization. For example, the two Central City schools reported identical usage frequencies but significantly differing attitudes toward the laws. The suburban students are more favorable to lower penalties than the two urban community schools even though the reported usage rates are similar.

It may seem surprising that large groups of students actually favored strengthening laws relating to marihuana. At the present time, possession of marihuana in Michigan can bring up to ten years imprisonment. For sale or gift of marihuana there is a 20 year mandatory sentence with no possibility of parole. Most legal scholars would probably agree that existing Michigan laws are about as severe as the federal constitution allows.

In summary, while about one-third of the students supported current laws or suggested that the laws be make more lenient, another third indicated unfamiliarity with relevant laws while a final third checked what we feel is a somewhat unrealistic statement, "The laws are too lenient and need to be stronger for better control."

E Hypothetical Offer of Marihuana

Respondents were asked their reactions to hypothetical offers of marihuana at parties, from "two students whom you knew quite well" and "two students whom you did not know very well". Respondents were given choices ranging from "accepting the offer to share some marihuana" to turning down the offer and reporting the episode to the school officials or police. About 32% of Private school students, 17% of Suburban School students, 11% of the Central City and Urban Community School students, and 2-5% of the Rural and Small Town School students said they would accept the offer. The range of acceptance percentages for offers from students not known well is 0-6%. (see Tables II F, G) These differences suggest that questionable behavior may be more acceptable whan a friend indulges. Also, students may be suspicious of the motivations of strangers.

F Actual Use of Marihuana

Respondents were asked whether they have ever tried marihuana. Reported usage was highest at Private School, 33.7%, and lowest at the Lower Peninsula Rural schools, 0%. Both small town schools had rates of about 5%, while four of the five remaining Urban-Suburban schools had rates of 10-12%. As a special group of college-bound students from well-to-do homes, the high rate for Private school may reflect close social ties with the college community. Otherwise, there is no strong relationship between marihuana and socio-economic status among the schools in the study. (see Table II H)

There appears to be a relationship between the degree of urbanization of school area and marihuana usage. The more rural the area, and the more distant the area from population centers, the lower the usage of marihuana reported.

G Use of Other Drugs

Students were provided with an extensive list of drugs as well as other substances commonly used in the home, business, and industry. Students were asked specifically if they ever used these items to get "high". Respondents were also asked to indicate whether they had ever heard of items which they reported as not having used.

1. Hashish, L.S.D., D.M.T., S.T.P.

Hashish was reported by 13.5% of Private school students, but the next largest percentage was only 3.4%, and several schools reported no use of it. LSD (d-lysergic acid diethylamide), while the second most talked about psychedelic drug, was only reported by 2.8% of Suburban school students, other schools reporting at the 1% level or not at all. DMT (dimethyltryptamine) and STP are even more rarely used, the highest school reporting 2.2% usage. (see Tables III A — III D)

2. Foodstuffs

Banana skins, nutmeg and other food stuffs are easily available and students are relatively free to experiment with them. Suburban school students reported use at a 4.7% rate, 3.4% being reported by Central City B. Use of morning glory seeds was reported by students in most of the schools with Suburban and Central City B reporting the highest rates, 2.8% and 3.4% respectively. (see Tables III and III G)

3. Amphetamines and Metaphetamines

Students were asked about amphetamines and methamphetamines as a general category and about specific drugs within the category. Moderate use of these drugs was reported by Suburban School students, 5.3% reporting use of methedrine or "speed" for example. The other schools reported frequencies of no higher than 2.7% for amphetamines and methamphetamines other than diet pills. Rural and Small Town Schools reported virtually no use of these drugs. (see Tables III G - J) Diet pill usage varies moderately among the schools, a rate of 7.9% being recorded for Central City B while there were no users at Urban Community A. (see Table III K)

4. Opiates

Virtually no use of opiates was reported by any of the students, only two Suburban School students (out of 319) reporting the use of heroin and morphine.

5. Glue (Acetone, Toluene)

Glue sniffing frequencies ranged from 8.1% (Urban Community School B) to 0% (Small Town School, Upper Peninsula). (see Table III L)

Glue sniffing may occur quite independently of marihuana use. That is, glue sniffing may be done by boys in their early teens who have no idea what marihuana is. On the othe hand, those inclined toward experimentation with marihuana may have no intention of trying glue as well. For example, Private School students, while moderate users of marihuana, reported less glue sniffing than eight of the other ten schools. On the other hand, glue is the only substance reported by two or more students at Rural School A in in the Lower Peninsula.

6. Aspirin

Usage of aspirin to get "high" was reported by 8.1% of the students at two schools: Central City A and Urban Community B. (see Table III M) Schools reporting use of aspirin also mention the use of caffiene to get "high" and the percentages are similar.

7. Cough Medicines

Use of dextromethorphan hydrobromide-based cough medicines such as Romilar DF, Robitussin DM, and Cheracol D, was reported with widely varying frequencies, two schools reporting no use and one school reporting 9.4% use. This usage does not follow marihuana usage very closely and it should be noted that Private School students reported no use of cough medicines. (see Table III N)

8. Non-Prescriptive Sedatives

A few students reported use of non-prescriptive sedatives for purposes of getting "high", the highest percentages being 3.1% at Suburban School and 3.0% at Urban Community School B. (see Table III O)

VI FINDINGS PERTAINING TO DIFFERENCES BETWEEN SMOKERS AND NON-SMOKERS

A College Plans

Students who reported having smoked marihuana at one time or another did not appear to have significantly different plans for college than those who had never smoked. In Suburban and Central City B schools, smokers were more likely to have college plans, (see Table IVA). In the two Urban Community schools (which were combined for the analysis) marihuana smokers were less likely to report college plans. None of the individual school differences were statistically significant. In the remaining two schools, differences between smokers and non-smokers were extremely slight.

As a check on these findings, college plans of drinkers and non-drinkers were compared. Again, the relationships between such behavior and college plans were not readily evident, and no statistically significant results were found.

B Sex

In all the schools analyzed, males were more likely to smoke marihuana than females (see Table IV B). However, the differences are statistically significant for only two schools, Central City A and Urban Community (combined A & B). The fact that male-female differences are consistent across the five schools is significant in itself. The statistical probability of finding the same male-female differential five out of five times by chance alone is only 3.125%. Sex differences in drinking are consistent with the above findings. In all five school groups, more males than females reported that they consumed alcoholic beverages. In three out of five schools, the differences are statistically significant.

C. Grades in School

In four out of five schools, marihuana smokers reported lower grades than non-smokers. The differences are statistically significant at Central City B school only, while at Suburban School, smokers reported slightly higher grades (see Table IVC).

Drinkers reported lower grades in all five schools, the relationship being statistically significant in four of five schools. At Suburban School, the differences are smallest. We can therefore assert that drinking is associated with lower grades. No overall statement can be made about associations of marihuana and grades, however,

D. Dating

Students were queried about the ages when they began dating and the number of times they had "gone steady". Students in each of the five schools who smoked marihuana were more likely to report that they had dated by the time they were 14 years old. Non-smokers were *more* likely to report that they were 15 years or older at the time of their first date or that they had never dated. In four of the five schools, these differences are statistically significant (see Table IVD).

In three of the five schools, marihuana smokers were more likely to report that they had gone steady. Only in Suburban School was the difference significant. In the two remaining schools, differences were slight (see Table IV E).

Drinkers were more likely in all five schools to report earlier dating *and* steady dating. Nine of these ten relationships are statistically significant. Drinkers were early daters in particular.

In summary, the data strongly points to earlier dating by both marihuana smokers and drinkers. However, the data on steady dating is weaker. Drinkers *but not* smokers consistently report a higher frequency of steady dating.

E. Tobacco Smoking and Marihuana Usage

In all five schools, tobacco smokers were much more likely than non-tobacco smokers to report that they had smoked marihuana (one or more times). In four of the five schools these differences are statistically significant (see Table IV F). The strength of the associations is also demonstrated by the large proportions of marihuana smokers who are also tobacco smokers (63-95%).

F. Drinking and Marihuana Usage

Virtually all students reporting use of marihuana declare themselves to be drinkers. This is the most significant finding of the study from a statistical point of view. The most striking example of this association is at the Urban Community School where 100% of the marihuana smokers reported themselves as drinkers, only 46% of non-marihuana smokers responding similarly (see Table IV G).

G. Marihuana Smoking and Extracurricular Activities

Students were queried about participation in school, community, religious and political activities. Marihuana smokers in four of the five schools were less likely to report participating in school-sponsored extra-curricular activities. In the fifth school (Private), virtually everyone participates and the comparisons are of little value. Only at Central City A were the differences in participation statistically significant (see Table IV H).

The relationships between marihuana smoking and participation in community activities are inconsistent. In three schools smokers were more likely, and in two schools less likely, to participate. The only statistically significant difference was at Central City A, a school having no smokers who reported participation (see Table IV I).

Marihuana smokers reported consistently less participation in religious activities, but the differences are relatively minor. At Central City B, however, no smokers reported religious activities and this difference between smokers and non-smokers was statistically significant (see Table IV J).

The fourth type of activity includes, in addition to politics, "underground newspapers" and "activist groups such as Young Americans for Freedom and Catholic Peace Fellowships". Marihuana smokers were more likely in all five schools to participate in such activities. Such relationships were statistically significant in the Suburban and Central City B Schools (see Table IV K).

To summarize, in twelve of the fifteen comparisons relating to school, community and religious activities, marihuana smokers were less likely to participate (deviations from this overall tendency are not statistically significant). While the evidence is certainly less than overwhelming, smokers and non-smokers do seem to differ in their choices. Non-smokers seem to prefer activities which might be described as conventional, respectable and adult-supervised. Smokers are more likely to prefer instead, activities which are somewhat unconventional and allow a broader scope for youth initiative.

H. Drinking and Extra-curricular Activities

Participation in extra-curricular activities by drinkers is very little different from participation by non-drinkers. The exception is religious activities. In all five schools, drinkers were relatively less likely to so participate. These relationships were statistically significant in four of five cases.

I. Marihuana Smoking, Religious Preference and Church Attendance

In Suburban and Urban Community schools, Catholic students were significantly more likely than Protestants to report marihuana smoking. In Suburban School, students who declared themselves to be neither Protestant nor Catholic were the most likely to be smokers. Catholic-Protestant differences at the two Central City schools are non-significant and, in fact, contradictory. (At Central City A, Catholics were slightly more likely to smoke marihuana, while at Central City B, no Catholics smoked) (see Table IV L). Marihuana smokers reported somewhat less frequent church attendance than non-smokers in each of the five schools. The differences, however, are not substantial, and are statistically significant in the Suburban School only (see Table IV M).

J. Extent of Drinking and Marihuana

Respondents were asked about excessive drinking — drinking leading to vomiting and passing out. Marihuana smokers were relatively more likely to report that on one or more occasions they had vomited following drinking. In three of the five schools, the relationship is statistically significant. In the Central City schools the differences between smokers and non-smokers in relation to vomiting are very small (see Table IV N).

In all five schools, smokers were more likely to report having passed out on one or more occasions after drinking. Differences between smokers and non-smokers in this regard are statistically significant in two schools, Suburban and Central City A (see Table IV O).

In three of the five schools there is a statistically significant tendency for smokers to report that on one or more occasions following drinking, they had been unable to remember what they were doing or where they were. These schools were Suburban, Central City A, and Urban Community. There was little difference between smokers and non-smokers at Private and Central City B schools with regards to this behavior (see Table IV P).

While perfect consistency was not obtained, there is an apparent overall relationship between smoking marihuana at one time or another and excessive drinking on one or more occasions.

K. Marihuana Smoking and Selected Attitudes

Respondents were asked to agree or disagree with a series of additional items. One such item is: "In order to get ahead in the world, you are almost forced to do some things which just aren't right." This item is drawn from what are called "normlessness" scales. The concept of normlessness relates to the individual's appraisal of what he would like to achieve in life and the kinds of means which he considers necessary for such achievement. If the means considered necessary are unlawful or -- by the person's own standards -- immoral, the person is considered to feel normless.

Smokers were more likely to agree with the above item to a "great extent" or "some extent". Non-smokers, on the other hand were more likely to agree to a "slight extent" or "no extent at all (disagree)." These relationships hold true in all five of the schools and in three at levels of statistical significance. (Drinkers were also inclined to agree strongly with the item). (see Table IV Q).

Two items concerning "powerlessness" and "social-estrangement" were used: "Young people can do very little to change their lives", and "Sometimes I feel all alone in the world." Differences between smokers and non-smokers were very small, and followed no particular pattern.

Two items relating to Viet Nam were analyzed: One was, "Viet Nam has very little to do with our national security and is certainly not worth American lives". At three of the five schools, marihuana smokers were more likely to agree to a "great extent" or "some extent". Non-smokers on the other hand, were more likely to agree to a "slight extent" or to "no extent at all (disagree)." These tendencies were statistically significant at Suburban and Central City B schools. At Private and Central City A schools, there were virtually no differences between smokers and non-smokers (see Table IV R).

The second item was: "It is necessary that we fight the Communists in Viet Nam so that within the next few years we won't have to fight them in California or Hawaii."

At four of the five schools, marihuana smokers were more likely to "slightly agree" or "agree to no extent (disagree)." Again, these tendencies were significant for Suburban and Central City A schools. (At Private School there was a very slight tendency in the opposite direction). (see Table IV S).

Except for Private School, marihuana smokers would appear to be somewhat pro-war, but somewhat less pro-war than their non-smoking peers.

Another item was: "Parents complain a great deal about the activities of their teenage children, even though their own behavior is hardly worth imitating." This item was thought to measure certain aspects of the "generation gap." Marihuana smokers were more likely to agree to a great or some extent while non-smokers were more likely to agree to a slight extent or no extent at all (disagree). These tendencies were present in four of five schools, there being no smoker-non-smoker differences at Central City B. Statistical significance was obtained only at Suburban School, however. It should be noted that at nine of the eleven schools, the majority of students agreed to a great or some extent with this item. Minorities of students agreed to a slight extent or no extent at all (disagree).

L. Social and Economic Backgrounds of Students and Marihuana Usage

(Socio-economic Status)

Social researchers have observed and recorded a great number of differences in life-styles among socio-economic classes. On the premise that socio-economic status would be a factor in marihuana smoking, several social characteristics were analyzed.

In four of the five schools, marihuana smoking students were more likely to report that fathers had college degrees. At these same schools, smoking students were less likely to report that their fathers had not completed high school. However, in only one school was this tendency statistically significant while at Central City B, the opposite tendency was present (see Table IV T).

As noted above, the average size of families is directly related to the economic conditions in the communities housing the schools. This tendency follows a generally observed pattern which is reflected in the poignant expression, "the rich get richer and the poor have children." The numbers of marihuana smokers from large (four or more children) and small (one-three children) families were calculated to test the hypothesis that marihuana smokers come from smaller and therefore relatively higher socio-economic status families.

Marihuana smokers were found to come from families much the same in size as families of non-smokers.

A further effort was made to test the impact of socio-economic status through analysis of students reporting that their home contained a den, library, or study. Smokers were found to be no more likely than non-smokers to report a home with such a room.

These findings suggest that although marihuana was reported with more frequency in schools in relatively well-to-do communities, wealth does not seem to be a crucial factor. Within schools, marihuana smokers are little different from non-smokers in socio-economic backgrounds.

VII DRUG EDUCATION

A third objective of the study was to evaluate student attitudes toward potential drug educators. Students were therefore asked in the questionnaire about sources of "advice on the use and abuse of drugs". Nine hypothetical sources were offered and the students were asked to rank these sources from one to nine.

A small minority of students had difficulty making the rankings and others may have been too poorly motivated to provide the nine unique digits required. A few provided rankings of one through four or five and then gave up. For ease in making comparisons, percentages were calculated based on correct answers only, but in the right hand column of Tables V A-I are the actual numbers of students who failed to provide codable answers.

Rankings of sources were grouped for ease in presentation of results. The top grouping represents rankings of one to three, the middle grouping represents rankings of four to six, and the bottom grouping represents rankings of seven to nine.

A. Low Overall Rankings

Students ranked the following four sources relatively low: school counselor, health and safety teacher, police officer, and minister-rabbi-priest. The school counselor received the lowest proportions of top rankings of the nine sources. The health and safety teacher was the strongest of these four, reasonable numbers of students giving this source rankings of from 4 to 6. (see Tables V A-C)

B. Middle Overall Rankings

The student's father and "someone who has used drugs (tried marihuana)" were ranked significantly higher than the first four sources mentioned above. Students, in fact, gave very similar overall rankings to these two sources. (see Tables V D - F)

C High Rankings

Three types of physicians were ranked highest. Students gave a slight edge to their personal physician. A "doctor from the Department of Public Health" and "a professor from the University of Michigan Medical School" finished second and third, respectively, although the differences between all three were relatively minor. (see Tables V G - I)

D Discussion

The use and abuse of drugs appears to be viewed by students as a medical phenomenon. Their chief concerns are evidently physiological and psychological rather than moral or legal. By choosing physicians, students might also seem to be showing preferences for individuals with high socio-economic status. Yet the remainder of the rankings do not reflect status orderings. A former user might be a low status person with a criminal record. The school counselor, on the other hand, would be more likely to have a master's degree than a health and safety teacher or a policeman.

The low rankings given the school counselors and policemen may seen surprising. School counselors have frequent personal contact with students and might be expected to be conversant on subjects of importance to these students. Policemen are involved in virtually all drug education programs offered by secondary schools in Michigan. Policemen assigned to drug education might be expected to be conversant with the subject and be worthy of "expert" status in the eyes of the students.

E Implications

The secondary school is taking on a very difficult challenge in attempting to provide drug education through its own staff. Textbook treatment of the subject is bound to be out-of-date, since there is such a long span between the time when an author completes his research and the time when the book is approved and in use. Pamphlet materials might be of some help. However, having assembled suitable teaching materials, the school staff member receives relatively low credibility as a source. The most commonly used community source, the police department representative, is also given low credibility as a drug source.

Obtaining the services of a local pediatrician, internist, or general practitioner might not solve the education problem either. Not all physicians might be expected to be familiar with the kinds of drugs which students might consider using. It would be redundant if a physician merely warned students of the "addictive" nature of morphine or heroin.

The director of the local public health department would seem to be the best person at the present time to assist local school officials. In consultation with such persons and other knowledgeable health professionals, school districts might ultimately be able to improve the quality of all school courses dealing with health and family life. With encouragement and access to scientific literature, as well as by using qualified resource people, school instructors dealing directly or indirectly with drugs could improve their statuses and credibility.

Another possibility is the abandonment of traditional drug education in which the "all-knowing" adult teaches young people about the real, as well as the imagined, hazards of drug use, and replacing it with a student-faculty dialog which might deal with a number of subjects of concern to students. The objective would be two-fold. First of all, faculty would attempt to bring the best information or information sources to the students. Secondly, as much insight as possible into the goals, desires, and lifestyles of students would be sought through inquiry, discussion, confrontation, etc. The student-faculty dialog would actually function as a research program, students researching subjects brought before them as well as selected by them, and faculty researching the students.

While faculty conducting the dialog might on a number of occasions present didactic material, visiting resource persons would probably present the best opportunities for learning. (A faculty member would assume the role of a moderator, particularly if a resource person differed with the class or if two resource persons differed with each other. In fact, an imaginative approach might be to bring in outside people with opposing views on drugs and to provide them with a forum. This approach sometimes is used at academic conferences and the outcomes are often intellectually stimulating.)

DISCUSSION

The strongest statistical relationships of the entire study were between alcohol-tobacco usage and marihuana usage. Such relationships suggest that there are overall similarities in the way these substances are regarded and used by adolescents. Also, there are circumstances surrounding the use of tobacco and alcohol which deserve closer attention.

The moral-legal climate surrounding drinking and tobacco smoking by adolescents may be as undesirable as some of the habits which become established. Young people are, first of all, subjected to an unending chain of inducements in the mass media to drink and use tobacco. They observe their parents and other elders using these items. Yet they are penalized in haphazard ways for their illegal consumption. They observe that cigarette vending machines are unsupervised even though Michigan law explicitely states that tobacco consumption is illegal for minors. They find that they can obtain alcoholic beverages, if they are resourceful.

These conflicts are particularly visible in high school. For a number of reasons, Michigan high schools (but not junior colleges) are strongly and officially opposed to student tobacco use. To support this policy teachers are often asked to police rest rooms and bring smokers to justice, which often means suspension of guilty students for one or more days. (This penalty would seem to counter overall school education goals more than tobacco use itself.) Yet, teachers and administrators are allowed to use tobacco in the relative comfort of offices and lounges.

In our view, these inconsistencies between the actual laws on the books and their enforcement, between the actual legal language of statutes and its interpretation by young people, and between the advice given and the actual consumption of alcohol and tobacco by adults, are very substantial, perplexing, and difficult to reconcile. Further, such inconsistencies are part of a general atmosphere which we feel is conducive to the spread of marihuana as an experimental and recreational drug. Certainly the inconsistencies in adult behavior -- suggesting or enforcing one set of behaviors while acting differently, if not actually discrediting adults, diminishes their legitimacy as authorities and advisors to youth on alcohol, tobacco, and for that matter, marihuana. Perhaps the easiest way for young people to show their irritation over moralistic pronouncements on leisure time behavior is to consume forbidden substances.

We do not want to overstate our argument that the legal and behavioral inconsistencies of adults are involved in marihuana consumption, when there are obviously many possible factors involved. In all five schools, for example, drinkers were more likely than non-drinkers to state that marihuana was harmless for the mind and body. This association between behavior and attitudes was statistically significant in all five schools. It is possible that drinking leads to an increasing confidence in the safety of drugs. On the other hand, drinkers may be a select group to begin with, a group without deep suspicions of drugs.

In spite of the efforts of parents, teachers, health educators and law enforcement officials, large numbers of students in our study use tobacco and a substantial majority drink. These illegal acts occur on a day-to-day basis and it is apparent that relevant laws are interpreted by young people in our survey somewhat differently than the lawmakers intended.

It would be worthwhile at this point to compare our findings with those of Suchman which were reviewed above.[3] We are able to make these comparisons because the types of data we collected were fairly similar to Suchman's, even though his article was published after our data collection was completed.

Suchman's California university students who used drugs (overwhelmingly marihuana) were relatively more likely to adhere to what Suchman called a "hang-loose" ethic. Drug users were students "whose behavior, attitudes, or values, and self-image were indicative of opposition to traditional established order."

Students in the five high schools who had smoked marihuana one or more times _only faintly resemble_ the drug users described by Suchman. However, the ways in which smokers differed empirically from non-smokers were _quite consistent_ overall. By knowing the ways in which college marihuana smokers differed from non-smokers, one could, in other words, predict differences among high school smokers (particularly Suburban School) as to direction, if not degree.

College marihuana smokers reported lower grades. College smokers were relatively more likely to engage in extra-marital sexual intercourse. Our own students were not asked directly about sexual behavior -- although a few smokers specifically mentioned sex as an activity associated with smoking marihuana; but the high school smokers did begin dating significantly earlier and went "steady" more often.

College marihuana smokers were more likely to drink than were non-smokers, but they were not virtually all drinkers, as were the high school students. College smokers were more likely to participate in mass protests or attend "happenings". The high school smokers did not differ a great deal from non-smokers regarding extra-curricular activities, but there were statistically significant tendencies toward participation in political activities, underground newspapers, or activist groups, (as compared with the more conventional organizations.)

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[3] Suchman, _loc. cit._

Suchman's college smokers were decidedly anti-war in comparison with non-smokers. Among high school students, this tendency also occurred but to a much lesser degree. (Statistically significant differences were present at only two of the five schools.)

Suchman's college smokers were relatively more likely to agree with an item: "It's all right to get around the law, if you don't actually break it." This item is suggestive of normlessness and may be comparable to item 56c, "In order to get ahead in the world you are almost forced to do things which just aren't right." As noted above, high school marihuana smokers were relatively likely to strongly agree with this latter item.

Both groups gave some evidence of conflict with parents. College smokers were more likely to say that their parents did not respect their opinions. High school smokers were more likely to say that their parents were essentially hypocritical. (Item 56n)

College and high school smokers were little different from non-smokers in their answers to items designed to measure anomie, apathy, alienation, and social-estrangement. While a good background statement on the meanings of these concepts would be lengthy, it should suffice to say that neither we nor Suchman found evidence that smokers seemed to suffer from loneliness, to want to withdraw from the world, to "cop-out", etc., in comparison with non-smokers.

Does alcohol/tobacco consumption lead to consumption of other drugs?
Does marihuana consumption lead to consumption of heroin?

While our data show associations between alcohol and tobacco consumption and marihuana usage, we can neither support or refute the statement that alcohol and tobacco usage leads to marihuana. It should be apparent, however, that marihuana usage can occur independently of heroin usage in the short run. That is, marihuana does not seem to lead directly and immediately to heroin or other opiates. (Note that of 1,379 students in the study, only two reported use of heroin while 136*reported use of marihuana.)

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*This figure is a correction from the original report.

CONCLUSIONS

Our findings appear to extend to high school seniors, Suchman's thesis that "drug use on campuses today represents a social form of recreation far removed in nature from the traditional problem of narcotics addiction and, for that matter, alcoholism.* Yet we cannot be assured that the apparent searches for new, pleasurable and perhaps exciting experiences by youth will not lead to more serious difficulties. There is a likelihood of more experimentation rather than less, with potential use of drugs which are today unknown and of greater danger than existing drugs. The relatively low use of L.S.D. in both the high school and college populations described above suggests, however, that students do take some risks into consideration, L.S.D. being generally considered to be highly variable in effect, and therefore unpredictable.

Improved drug education in schools and communities might be of some benefit. The value of improved drug education might be greatest regarding industrial-commercial chemicals such as ammonia, freon, airplace glue, etc. Discussions of the potential effects of such substances could be easily handled by drug educators, since the dangers are readily apparent and could be communicated without a great deal of overstatement. Since deaths from such chemicals do seem to occur, drug education could actually be life saving.

Benefits can also be expected from discussion of opiates. While lacking the lethal capabilities of industrial-commercial chemicals, opiates can lead to severe dependence which is not easily broken even by modern therapeutic programs. The life styles of the severely dependent (so called addicts) are not attractive, and it should not be difficult to convince students to avoid opiates. Some attention might be paid to the psychological dynamics of opiate dependence, the parallels with alcoholism, the difficulty of withdrawal, and the roles of Synanon and other related organizations. The view that the severely dependent should be treated as patients rather than exclusively as criminals might be valuable conceptually, although this might in itself be a controversial issue in the community. It should not be necessary to overstate opiate dependence by portraying the typical dependent person (addict) as a violent and highly dangerous felon.

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*The previous sentence is a correction from the original report.

Drug educators may also be able to deal effectively with stimulants. These drugs (amphetamines, methamphetamines, including Benzedrine and Dexadrine) have not become "fashionable" and to our knowledge there are no advocates with national reputations. Students could be informed of the ease with which habituation can occur, often without the awareness of the user. The possibility of severe anti-social acts as a consequence of usage could be mentioned. Some attention could be paid to potential medical consequences such as tremors, insomnia, mental confusion, assaultiveness, panic, convulsions, and hallucinations, both visual and auditory.

The most difficult substance for drug educators to deal with is marihuana. It is our impression that adults discussing marihuana with adolescents often know less about the substance than the adolescents do. Since there is no unequivocal scientific evidence condemning marihuana, adults seem predisposed to invent reasons for condemning the substance. Overstatements of the potential dangers of marihuana may be effective with some students, but it is clear from our own data that students are not universally convinced that marihuana is highly dangerous. Intelligent and accurate treatment of marihuana could not be expected to build immunity either. Almost any discussion of marihuana is likely to increase curiosity of young people.

In spite of the difficulties of convincing students that they should avoid marihuana and related substances, frank and open discussion would seem to be desirable and in keeping with the ideals of a democratic society. Open discussion among students, parents, teachers, community leaders, legislators, and law enforcement officials can hardly be condemned and the burden of proof should always rest upon those who prefer censorship, one-way communication, or official silence.

SUMMARY

In early 1968, a study was begun with the following objectives: (1) determine utilization rates for public high school seniors of a list of substances including marihuana, (2) determine correlates of drug utilization, and (3) acquire information relevant to drug education.

Eleven Michigan high schools were selected for purposes of obtaining students for participation in the study, attempts being made to find schools which reflected the demographic, economic, and racial diversity of the state. Because of limitations of time and money, perfectly representative random samples could not be taken of either Michigan high school students or high schools. It is important to note that statistical data in the report cannot be extrapolated to the State of Michigan as a whole. Utilization patterns which are relatively consistent across schools are intended to provide a few clues to overall patterns but must be applied with great caution.

Students were administered questionnaires in class rooms, and study halls, and in those cases where entire senior classes were not surveyed, efforts were made to ensure that those students who were surveyed were roughly representative of seniors. In order to maximize the truthfulness of responses, students were cited pertinent statutes safeguarding the confidential character of research studies conducted under the auspices of the Department of Public Health.

Of the schools included in the study, one is private, the others public. Their locations range from the Upper Peninsula to the Detroit Metropolitan Area. The communities range in size from under 2,500 to over 100,000.

Roughly one-half of the seniors have college plans, the proportions being highest in urban schools and lowest in the rural schools. Use of tobacco is very common, a little over a quarter of the rural students smoking, while 37-56% of the urban students smoke. Consumption of alcoholic beverages varies from 49% to 81% and there are no consistent rural-urban differences. Over two-thirds of the students consider marihuana as harmful to the mind and body, the remainder considering it harmless. Over a third of the students feel that current state and federal drug-control laws are too lenient and need to be stronger; slightly under a third feel that penalties should be left alone, reduced or eliminated, the remainder stating that they were unfamiliar with the laws.*

Actual marihuana use (one or more times) ranges from 0% to 33%, being the lowest or non-existent in rural areas and highest in urban areas. Four of the urban schools reported approximately 11% usage. Students were asked about usage of a large number of other drugs. Only two students mentioned use of heroin, but in the urban schools approximately 3-7% of students had used such substances as morning glory seeds, glue (toluene, acetone), diet pills, aspirin, and cough medicines in order to get "high".

Students who had smoked marihuana one or more times were no more or less likely to have college plans, and were somewhat more likely to be male. School course grades of marihuana smokers were little different than non-smokers but smokers began dating earlier and went "steady" slightly more often.

Marihuana smokers (one or more times) were definitely more likely to be tobacco users. Virtually all marihuana smokers were drinkers. Marihuana smokers were somewhat less likely to participate in school, community, and religious activities than non-smokers. Marihuana smokers were somewhat

*the previous sentence is a correction from the original report.

more likely to participate in political activities.

Marihuana smokers were relatively more likely to report that on one or more occasions they had vomited, passed out, or been unable to remember where they were or what they had been doing following consumption of alcohol.

Students who had smoked marihuana one or more times were relatively more likely to agree with an attitudinal item suggestive of "normlessness". Smokers were somewhat more likely to be anti-war than non-smokers although overall student attitudes appeared to be pro-war.

Marihuana smokers appear to come from families which were no higher or lower in socio-economic status than families of non-smokers.

Students were asked to rank sources on drug education. Low overall rankings were given to school counselors, police officers, clergy, and health and safety teachers. High rankings were given to physicians. Moderate rankings were given to fathers of respondents and to former drug users.

The above findings were compared to a study conducted at a California university. Differences between smokers and non-smokers were comparable but the high school smokers (one or more times) only faintly resemble college users of marihuana.

The strong associations between use of marihuana and use of alcohol/tobacco deserve closer study. Alcohol/tobacco use by minors is illegal, yet common. Students are subjected to strong inducements in the mass media to drink and smoke tobacco, yet are told not to do so by parents, school personnel, and law enforcement officials who may themselves be users. Students apparently interpret statutes pertaining to tobacco and alcohol differently than the legislators originally intended. This overall situation with its discrepancies and conflicts would seem to permit or even encourage the spread of marihuana as a recreational and experimental drug.

Our data appear to support the thesis that drug use by young people, particularly use of marihuana, represents a social form of recreation far removed in nature from the traditional problem of narcotics addiction or alcoholism. In one of the study schools, for example, one-third of the students reported use of marihuana but none reported use of opiates. Of the 1,379 students in the study, only two reported use of heroin (one or more times) while 136*reported use of marihuana (one or more times). Marihuana users, judging from our data, do not seem to be "copping out" or withdrawing from society.

Use of drugs by young people appears to be expanding, and in the future there is even the liklihood of use of drugs which are unknown today. Drug use will no doubt be considered a greater "problem" in the future than it is today. Improved drug education may be of some help. Students can be warned first of all of the dangers of industrial-commercial chemicals. The hazards of opiate dependency can be easily portrayed since the life-style of the "addict" is not very appealing. (Some compassion for the drug-dependent individual might be in order.) Drug education relevant to marihuana is difficult to conduct at best. The medical evidence on marihuana is less than convincing and students may be aware of this fact. Overstatement of the dangers of marihuana use may therefore serve to discredit the spokesman. Openminded and fair discussion of marihuana and its potential effects might have very little effect on marihuana consumption by students. Yet, open discussion among students, teachers, school administrators, parents, legislators, and law-enforcement officials is consistent with the ideals of a democratic society. Greater understanding by adults, of the needs and aspirations of young people, could result in benefits to everyone concerned.

*this figure is a correction from the original report.

APPENDIX TABLES

SECTION I	Descriptive Background Statistics
SECTION II	Attitudes and Consumption: Tobacco, Alcohol,Marihuana
SECTION III	Knowledge and Use of Other Drugs
SECTION IV	Correlates of Marihuana Usage
SECTION V	Ratings of Nine Information Sources on Drugs

TABLE I A

Plans Following Graduation

Type of School	College	Job	Military Service	Marriage
PRIVATE N = 89	99%	0%	0%	1%
SUBURBAN N = 319	70	14	11	5
CENTRAL CITY A N = 148	42	40	10	8
CENTRAL CITY B N = 89	50	29	15	6
URBAN COMMUNITY A N = 113	53	30	8	9
URBAN COMMUNITY B N = 99	57	29	9	5
SMALL TOWN UPPER PENNINSULA N = 104	38	39	15	8
SMALL TOWN LOWER PENNINSULA N = 132	64	26	6	4
RURAL COMMUNITY A LOWER PENNINSULA N = 64	44	34	8	14
RURAL COMMUNITY B LOWER PENNINSULA N = 66	51	29	11	9
RURAL COMMUNITY UPPER PENNINSULA N = 156	42	42	13	3

TABLE I B

Number of Children in Family Including Respondent

Type of School	One or Two Children	Three or Four Children	More than Four Children	
PRIVATE N = 89	43%	45%	12%	
SUBURBAN N = 319	24	48	28	
CENTRAL CITY A N = 148	13	31	56	
CENTRAL CITY B N = 89	21	36	43	
URBAN COMMUNITY A N = 113	20	34	46	
URBAN COMMUNITY B N = 99	25	54	21	
SMALL TOWN UPPER PENNINSULA N = 104	13	41	46	
SMALL TOWN LOWER PENNINSULA N = 132	22	43	35	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	10	46	44	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	11	48	41	
RURAL COMMUNITY UPPER PENNINSULA N = 156	30	35	35	

TABLE I C

Reported Grades in School

Type of School	All "B"s or Better	All "C"s or "C"s and "B"s	"C"s and "D"s	
PRIVATE N = 89	73%	26%	1%	
SUBURBAN N = 319	40	52	8	
CENTRAL CITY A N = 148	24	51	25	
CENTRAL CITY B N = 89	32	50	18	
URBAN COMMUNITY A N = 113	40	44	16	
URBAN COMMUNITY B N = 99	37	48	15	
SMALL TOWN UPPER PENNINSULA N = 104	52	36	12	
SMALL TOWN LOWER PENNINSULA N = 132	42	45	13	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	60	26	14	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	48	48	4	
RURAL COMMUNITY UPPER PENNINSULA N = 156	23	54	23	

TABLE I D

Family Dwelling Characteristics: Den, Library or Study

Type of School	Respondent Reports Den, Library or Study	Respondent Does Not Report Den, Library or Study		
PRIVATE N = 89	83%	17%		
SUBURBAN N = 319	38	62		
CENTRAL CITY A N = 148	18	72		
CENTRAL CITY B N = 89	33	67		
URBAN COMMUNITY A N = 113	22	78		
URBAN COMMUNITY B N = 99	27	73		
SMALL TOWN UPPER PENNINSULA N = 104	10	90		
SMALL TOWN LOWER PENNINSULA N = 132	26	74		
RURAL COMMUNITY A LOWER PENNINSULA N = 64	22	78		
RURAL COMMUNITY B LOWER PENNINSULA N = 66	23	77		
RURAL COMMUNITY UPPER PENNINSULA N = 156	14	86		

TABLE I E

Family Dwelling Characteristics: Two or More Bathrooms

Type of School	Respondent Reports Two or More Bathrooms	Respondent Does Not Report Two or More Bathrooms		
PRIVATE N = 89	94%	6%		
SUBURBAN N = 319	74	26		
CENTRAL CITY A N = 148	63	37		
CENTRAL CITY B N = 89	53	47		
URBAN COMMUNITY A N = 113	34	66		
URBAN COMMUNITY B N = 99	47	53		
SMALL TOWN UPPER PENNINSULA N = 104	38	62		
SMALL TOWN LOWER PENNINSULA N = 132	--	--		
RURAL COMMUNITY A LOWER PENNINSULA N = 64	27	73		
RURAL COMMUNITY B LOWER PENNINSULA N = 66	24	76		
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--		

TABLE II A

Tobacco Consumption

Type of School	Smoke at Home	Smoke but not at Home	Do not Smoke	
PRIVATE N = 89	26%	18%	56%	
SUBURBAN N = 319	16	22	62	
CENTRAL CITY A N = 148	30	14	56	
CENTRAL CITY B N = 89	34	22	44	
URBAN COMMUNITY A N = 113	23	13	64	
URBAN COMMUNITY B N = 99	22	15	63	
SMALL TOWN UPPER PENNINSULA N = 104	30	27	43	
SMALL TOWN LOWER PENNINSULA N = 132	--	--	62	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	13	12	75	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	15	12	73	
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	68	

TABLE II B

Consumption of Alcoholic Beverages

Type of School	Do Consume Alcoholic Beverages	Do Not Consume Alcoholic Beverages		
PRIVATE N = 89	81%	19%		
SUBURBAN N = 319	60	40		
CENTRAL CITY A N = 148	69	31		
CENTRAL CITY B N = 89	70	30		
URBAN COMMUNITY A N = 113	50	50		
URBAN COMMUNITY B N = 99	49	51		
SMALL TOWN UPPER PENNINSULA N = 104	74	26		
SMALL TOWN LOWER PENNINSULA N = 132	64	36		
RURAL COMMUNITY A LOWER PENNINSULA N = 64	57	43		
RURAL COMMUNITY B LOWER PENNINSULA N = 66	56	44		
RURAL COMMUNITY UPPER PENNINSULA N = 156	79	21		

TABLE II C

Respondents Rating of Effects of Marihuana on the Mind

Type of School	Harmful to Mind	Harmless to Mind	Good for the Mind	
PRIVATE N = 89	41%	58%	1%	
SUBURBAN N = 319	60	34	6	
CENTRAL CITY A N = 148	77	17	6	
CENTRAL CITY B N = 89	70	29	1	
URBAN COMMUNITY A N = 113	67	33	0	
URBAN COMMUNITY B N = 99	74	25	1	
SMALL TOWN UPPER PENNINSULA N = 104	84	16	0	
SMALL TOWN LOWER PENNINSULA N = 132	77	21	2	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	77	23	0	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	86	14	0	
RURAL COMMUNITY UPPER PENNINSULA N = 156	74	23	3	

TABLE II D

Respondents Rating of Effects of Marihuana on the Body

Type of School	Harmful to the Body	Harmless to the Body	Good for the Body	
PRIVATE N = 89	38	62%	0%	
SUBURBAN N = 319	63	36	1	
CENTRAL CITY A N = 148	77	21	2	
CENTRAL CITY B N = 89	75	25	0	
URBAN COMMUNITY A N = 113	69	31	0	
URBAN COMMUNITY B N = 99	82	17	1	
SMALL TOWN UPPER PENNINSULA N = 104	84	16	0	
SMALL TOWN LOWER PENNINSULA N = 132	71	27	2	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	80	20	0	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	83	17	0	
RURAL COMMUNITY UPPER PENNINSULA N = 156	79	19	2	

TABLE II E

Attitudes Toward Current State and Federal Drug-Control Laws

Type of School	Laws are too Lenient, Should be Stronger	Laws Should Remain as They Are	Penalties Should be Reduced or Eliminated	Unfamiliar with Laws Relating to Marihuana
PRIVATE N = 89	10%	10%	64%	16%
SUBURBAN N = 319	24	12	34	30
CENTRAL CITY A N = 148	38	5	22	35
CENTRAL CITY B N = 89	19	12	35	34
URBAN COMMUNITY A N = 113	49	7	21	23
URBAN COMMUNITY B N = 99	32	9	29	30
SMALL TOWN UPPER PENNINSULA N = 104	49	7	7	37
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	52	8	12	28
RURAL COMMUNITY B LOWER PENNINSULA N = 66	36	4	14	46
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE II F

Respondent's Reaction to a Hypothetical Offer of Marihuana by

Someone Whom the Respondent Knew Quite Well

Type of School	Accept Offer	Say No Thanks and Forget About It	Say No Thanks and Report to Counselor, Coach or Other Adult	Say No Thanks and Report to Principal or Police	Don't Know What They Would Do
PRIVATE N = 89	32%	54%	5%	0%	9%
SUBURBAN N = 319	17	62	6	2	13
CENTRAL CITY A N = 148	12	63	11	2	12
CENTRAL CITY B N = 89	10	62	10	3	15
URBAN COMMUNITY A N = 113	11	61	10	7	11
URBAN COMMUNITY B N = 99	11	48	17	2	22
SMALL TOWN UPPER PENNINSULA N = 104	5	65	12	6	12
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	2	56	17	6	19
RURAL COMMUNITY B LOWER PENNINSULA N = 66	5	50	18	12	15
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--	--

TABLE II G

Respondents Reaction to a Hypothetical Offer of Marihuana by Someone Whom the Respondent Did Not Know Very Well

	Accept Offer	Say No Thanks and Forget About It	Say No Thanks and Report to Counselor, Coach or Other Adult	Say No Thanks and Report to Principal or Police	Don't Know What They Would Do
PRIVATE N = 89	6%	73%	8%	2%	11%
SUBURBAN N = 319	6	67	9	7	10
CENTRAL CITY A N = 148	4	65	12	8	11
CENTRAL CITY B N = 89	4	69	12	9	6
URBAN COMMUNITY A N = 113	1	68	8	13	10
URBAN COMMUNITY B N = 99	5	62	17	7	9
SMALL TOWN UPPER PENNINSULA N = 104	1	63	14	10	12
SMALL TOWN LOWER PENNINSULA N = 132	8	52	19	6	15
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	59	13	23	5
RURAL COMMUNITY B LOWER PENNINSULA N = 66	3	50	15	23	9
RURAL COMMUNITY UPPER PENNINSULA N = 156	6	58	15	12	10

TABLE II H

Marihuana Usage

Type of School	Percentage Who have Smoked Marihuana One or More Times	Percentage Who have Never Smoked Marihuana		
PRIVATE N = 89	33.7%	66.3%		
SUBURBAN N = 319	10.3	89.7		
CENTRAL CITY A N = 148	12.2	87.8		
CENTRAL CITY B N = 89	12.4	87.6		
URBAN COMMUNITY A N = 113	8.0	92.0		
URBAN COMMUNITY B N = 99	11.1	88.9		
SMALL TOWN UPPER PENNINSULA N = 104	5.0	95.0		
SMALL TOWN LOWER PENNINSULA N = 132	7.6	92.4		
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	0.0		
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	0.0		
RURAL COMMUNITY UPPER PENNINSULA N = 156	5.7	94.3		

TABLE III A

Knowledge and Use of Drugs: Hashish

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	13.5%	56.2%	25.8%	4.5%
SUBURBAN N = 319	3.4	22.9	67.7	6.0
CENTRAL CITY A N = 148	1.4	14.2	67.6	16.9
CENTRAL CITY B N = 89	3.4	24.7	67.4	4.5
URBAN COMMUNITY A N = 113	0.0	14.2	78.8	7.1
URBAN COMMUNITY B N = 99	2.0	22.2	69.7	6.1
SMALL TOWN UPPER PENNINSULA N = 104	0.0	16.3	76.9	6.7
SMALL TOWN LOWER PENNINSULA N = 132	.8	22.7	74.2	2.3
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	20.3	65.6	14.1
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	15.2	72.7	12.1
RURAL COMMUNITY UPPER PENNINSULA N = 156	1.3	22.2	72.2	4.4

TABLE III B

Knowledge and Use of Drugs: L.S.D.

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	1.1%	93.3%	1.1%	4.5%
SUBURBAN N = 319	2.8	90.0	.9	6.3
CENTRAL CITY A N = 148	0.0	82.4	4.1	13.5
CENTRAL CITY B N = 89	1.0	92.1	2.2	4.5
URBAN COMMUNITY A N = 113	0.0	94.7	.9	4.4
URBAN COMMUNITY B N = 99	0.0	93.9	1.0	5.1
SMALL TOWN UPPER PENNINSULA N = 104	1.1	94.2	1.9	2.9
SMALL TOWN LOWER PENNINSULA N = 132	2.3	90.9	5.3	1.5
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	81.3	6.2	12.5
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	90.9	0.0	9.1
RURAL COMMUNITY UPPER PENNINSULA N = 156	1.3	89.9	5.7	3.2

TABLE III C

Knowledge and Use of Drugs: D.M.T. (dimethyltryptamine)

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	1.1%	40.4%	51.7%	6.7%
SUBURBAN N = 319	2.2	38.9	52.7	6.3
CENTRAL CITY A N = 148	0.0	21.6	61.5	16.9
CENTRAL CITY B N = 89	0.0	30.3	65.2	4.5
URBAN COMMUNITY A N = 113	0.0	28.3	66.4	5.3
URBAN COMMUNITY B N = 99	0.0	25.3	68.7	6.1
SMALL TOWN UPPER PENNINSULA N = 104	0.0	14.4	78.8	6.7
SMALL TOWN LOWER PENNINSULA N = 132	.8	36.4	60.6	2.3
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	26.6	59.4	14.1
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	22.7	63.6	13.6
RURAL COMMUNITY UPPER PENNINSULA N = 156	.6	39.9	55.1	4.4

TABLE III D

Knowledge and Use of Drugs: S.T.P.

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	0.0%	64.0%	30.3%	5.6%
SUBURBAN N = 319	.6	64.3	29.2	6.0
CENTRAL CITY A N = 148	0.0	40.5	43.2	16.2
CENTRAL CITY B N = 89	2.2	57.3	37.1	3.4
URBAN COMMUNITY A N = 113	0.0	45.1	49.6	5.3
URBAN COMMUNITY B N = 99	0.0	46.5	47.5	6.1
SMALL TOWN UPPER PENNINSULA N = 104	1.0	27.9	64.4	6.7
SMALL TOWN LOWER PENNINSULA N = 132	0.0	78.8	19.7	1.5
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	54.7	32.8	12.5
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	69.7	19.7	10.6
RURAL COMMUNITY UPPER PENNINSULA N = 156	1.3	60.1	34.8	3.8

TABLE III E

Knowledge and Use of Drugs: Banana Skins, Nutmeg, or other Food Stuffs

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	1.1%	85.4%	9.0%	4.5%
SUBURBAN N = 319	4.7	79.3	10.0	6.0
CENTRAL CITY A N = 148	2.0	59.5	24.3	14.2
CENTRAL CITY B N = 89	3.4	78.7	13.5	4.5
URBAN COMMUNITY A N = 113	.9	82.3	12.4	4.4
URBAN COMMUNITY B N = 99	3.0	73.7	18.2	5.1
SMALL TOWN UPPER PENNINSULA N = 104	0.0	76.0	21.2	2.9
SMALL TOWN LOWER PENNINSULA N = 132	3.8	83.3	11.4	1.5
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	56.3	31.3	12.5
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	66.7	24.2	9.1
RURAL COMMUNITY UPPER PENNINSULA N = 156	3.8	81.6	12.0	2.5

TABLE III F

Knowledge and Use of Drugs: Morning Glory Seeds

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	2.2%	58.4%	33.7%	5.6%
SUBURBAN N = 319	2.8	40.4	50.8	6.0
CENTRAL CITY A N = 148	1.4	27.0	57.4	14.2
CENTRAL CITY B N = 89	3.4	38.2	53.9	4.5
URBAN COMMUNITY A N = 113	0.0	31.9	62.8	5.3
URBAN COMMUNITY B N = 99	2.0	26.3	65.7	6.1
SMALL TOWN UPPER PENNINSULA N = 104	1.0	41.3	51.9	5.8
SMALL TOWN LOWER PENNINSULA N = 132	2.3	58.3	37.9	1.5
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	25.0	60.9	14.1
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	22.7	65.2	12.1
RURAL COMMUNITY UPPER PENNINSULA N = 156	3.2	67.7	25.3	3.8

TABLE III G

Knowledge and Use of Drugs: Amphetamines and Methamphetamines

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	1.1%	50.6%	42.7%	5.6%
SUBURBAN N = 319	4.1	30.1	60.2	5.6
CENTRAL CITY A N = 148	1.4	33.1	49.3	16.2
CENTRAL CITY B N = 89	1.1	52.8	41.6	4.5
URBAN COMMUNITY A N = 113	0.0	40.7	53.1	6.2
URBAN COMMUNITY B N = 99	0.0	26.3	67.7	6.1
SMALL TOWN UPPER PENNINSULA N = 104	0.0	13.5	79.8	6.7
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	21.9	64.1	14.1
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	16.7	69.7	13.6
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE III H

Knowledge and Use of Drugs: Benzedrine

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	2.2%	69.7%	22.5%	5.6%
SUBURBAN N = 319	4.1	54.9	35.1	6.0
CENTRAL CITY A N = 148	2.7	30.4	50.7	16.2
CENTRAL CITY B N = 89	1.1	52.8	41.6	4.5
URBAN COMMUNITY A N = 113	.9	45.1	46.9	7.1
URBAN COMMUNITY B N = 99	1.0	53.5	39.4	6.1
SMALL TOWN UPPER PENNINSULA N = 104	0.0	26.0	66.3	7.7
SMALL TOWN LOWER PENNINSULA N = 132	3.8	50.8	43.2	2.3
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	43.8	42.2	14.1
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	28.8	57.6	13.6
RURAL COMMUNITY UPPER PENNINSULA N = 156	7.0	40.5	45.6	7.0

TABLE III I

Knowledge and Use of Drugs: Dexedrine

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of it Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	2.2%	40.4%	51.7%	5.6%
SUBURBAN N = 319	2.5	41.1	50.5	6.0
CENTRAL CITY A N = 148	1.4	19.6	61.5	17.6
CENTRAL CITY B N = 89	2.2	30.3	62.9	4.5
URBAN COMMUNITY A N = 113	0.0	24.8	69.0	6.2
URBAN COMMUNITY B N = 99	0.0	31.3	61.6	7.1
SMALL TOWN UPPER PENNINSULA N = 104	0.0	20.2	72.1	7.7
SMALL TOWN LOWER PENNINSULA N = 132	1.5	47.0	47.7	3.8
RURAL COMMUNITY A LOWER PENNINSULA N = 64	3.1	20.3	60.9	15.6
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	19.7	65.2	15.2
RURAL COMMUNITY UPPER PENNINSULA N = 156	2.5	36.7	51.3	9.5

TABLE III J

Knowledge and Use of Drugs: Methedrine (speed)

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High	Not Ascertained
PRIVATE N = 89	1.1%	79.8%	13.5%	5.6%
SUBURBAN N = 319	5.3	56.4	32.3	6.0
CENTRAL CITY A N = 148	2.0	30.4	51.4	16.2
CENTRAL CITY B N = 89	2.2	61.8	31.5	4.5
URBAN COMMUNITY A N = 113	0.0	51.3	43.4	5.3
URBAN COMMUNITY B N = 99	1.0	65.7	27.3	6.1
SMALL TOWN UPPER PENNINSULA N = 104	1.0	29.8	62.5	6.7
SMALL TOWN LOWER PENNINSULA N = 132	.8	49.2	46.2	3.8
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	34.4	51.6	14.1
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	54.5	34.8	10.6
RURAL COMMUNITY UPPER PENNINSULA N = 156	2.0	37.3	51.3	9.5

TABLE III K

Knowledge and Use of Drugs: Diet Pills

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	1.1%	37.1%	56.2%	5.6%
SUBURBAN N = 319	4.7	42.6	47.0	5.6
CENTRAL CITY A N = 148	.7	31.1	48.6	19.6
CENTRAL CITY B N = 89	7.9	51.7	36.0	4.5
URBAN COMMUNITY A N = 113	0.0	33.6	59.3	7.1
URBAN COMMUNITY B N = 99	4.0	34.3	55.6	6.1
SMALL TOWN UPPER PENNINSULA N = 104	1.0	36.5	56.7	5.8
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	3.1	25.0	56.3	15.6
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	30.3	59.1	10.6
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE III L

Knowledge and Use of Drugs: Glue (Toluene, Acetone)

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	2.2%	92.1%	1.1%	4.5%
SUBURBAN N = 319	4.7	84.3	2.8	8.2
CENTRAL CITY A N = 148	3.4	71.6	6.8	18.2
CENTRAL CITY B N = 89	4.5	86.5	4.5	4.5
URBAN COMMUNITY A N = 113	3.5	84.1	4.4	8.0
URBAN COMMUNITY B N = 99	8.1	78.8	6.1	7.1
SMALL TOWN UPPER PENNINSULA N = 104	0.0	90.4	4.8	4.8
SMALL TOWN LOWER PENNINSULA N = 132	3.0	89.4	3.8	3.8
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	79.7	3.1	17.2
RURAL COMMUNITY B LOWER PENNINSULA N = 66	3.0	81.8	4.5	10.6
RURAL COMMUNITY UPPER PENNINSULA N = 156	7.0	82.3	7.0	3.8

TABLE III M

Knowledge and Use of Drugs: Aspirin

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	3.4%	42.7%	49.4%	4.5%
SUBURBAN N = 319	5.6	62.7	23.5	8.2
CENTRAL CITY A N = 148	8.1	47.3	23.0	21.6
CENTRAL CITY B N = 89	5.6	52.8	38.2	3.4
URBAN COMMUNITY A N = 113	2.7	55.8	32.7	8.8
URBAN COMMUNITY B N = 99	8.1	43.4	39.4	9.1
SMALL TOWN UPPER PENNINSULA N = 104	0.0	63.5	29.8	6.7
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	46.9	35.9	17.2
RURAL COMMUNITY B LOWER PENNINSULA N = 66	1.5	47.0	39.4	12.1
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE III N

Knowledge and Use of Drugs: Dextromethorphan Hydrobromide-Based Cough Medicines (Romilar CF, Robitussin DM and Cheracol D)

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	0.0%	56.2%	38.2%	5.6%
SUBURBAN N = 319	9.4	62.1	20.1	8.5
CENTRAL CITY A N = 148	2.0	46.6	32.4	18.9
CENTRAL CITY B N = 89	5.6	60.7	28.1	5.6
URBAN COMMUNITY A N = 113	1.8	38.1	49.6	10.6
URBAN COMMUNITY B N = 99	4.0	32.3	55.6	8.1
SMALL TOWN UPPER PENNINSULA N = 104	0.0	13.5	77.9	8.7
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	23.4	56.3	20.3
RURAL COMMUNITY B LOWER PENNINSULA N = 66	1.5	39.4	43.9	15.2
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE III O

Knowledge and Use of Drugs: Non-Prescriptive Sedatives

Type of School	Have Used to Get "High"	Never Used to Get "High"	Never Heard of It Being Used to Get "High"	Not Ascertained
PRIVATE N = 89	1.1%	48.3%	44.9%	5.6%
SUBURBAN N = 319	3.1	52.4	35.4	9.1
CENTRAL CITY A N = 148	1.4	40.5	36.5	21.6
CENTRAL CITY B N = 89	2.2	43.8	47.2	6.7
URBAN COMMUNITY A N = 113	.9	40.7	47.8	10.6
URBAN COMMUNITY B N = 99	3.0	38.4	49.5	9.1
SMALL TOWN UPPER PENNINSULA N = 104	0.0	39.4	51.9	8.7
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0.0	37.5	42.2	20.3
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0.0	40.9	45.5	13.6
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE IV A

College Plans and Marihuana Usage

TYPE OF SCHOOL		College Plans No.	%	No College Plans No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	29	97	1	3	30	100	NS
	Non-Smoker	59	100	0	0	59	100	
	Totals	88		1		89		
SUBURBAN	Smoker	24	77	7	23	31	100	NS
	Non-Smoker	192	69	85	31	277	100	
	Totals	216		92		308		
CENTRAL CITY A	Smoker	8	44	10	56	18	100	NS
	Non-Smoker	53	42	74	58	127	100	
	Totals	61		84		145		
CENTRAL CITY B	Smoker	7	64	4	36	11	100	NS
	Non-Smoker	38	49	40	51	78	100	
	Totals	45		44		89		
URBAN COMMUNITY	Smoker	6	33	12	67	18	100	NS
	Non-Smoker	110	56	86	44	196	100	
	Totals	116		98		214		

TABLE IV B

Sex and Marihuana Usage

TYPE OF SCHOOL		Male No.	%	Female No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	12	40	18	60	30	100	
	Non-Smoker	18	30	41	70	59	100	NS
	Totals	30		59		89		
SUBURBAN	Smoker	25	76	8	24	33	100	
	Non-Smoker	169	59	116	41	285	100	NS
	Totals	194		124		318		
CENTRAL CITY A	Smoker	15	83	3	17	18	100	
	Non-Smoker	41	32	89	68	130	100	$p < .001$
	Totals	56		92		148		
CENTRAL CITY B	Smoker	7	64	4	36	11	100	
	Non-Smoker	36	44	44	56	80	100	NS
	Totals	43		48		91		
URBAN COMMUNITY	Smoker	14	70	6	30	20	100	
	Non-Smoker	77	39	121	61	198	100	$p < .01$
	Totals	91		127		218		

TABLE IV C

Course Grades and Marihuana Usage

TYPE OF SCHOOL		All "B"s or better		All "C"s or "B"s and "C"s		"C"s and "D"s		TOTALS		SIGNIF. LEVEL
		NO	%	NO.	%	NO	%			
PRIVATE	Smoker	18	60	11	37	1	3	30	100	NS
	Non-Smoker	47	80	12	20	0	0	59	100	
	Totals	65		23		1		89		
SUBURBAN	Smoker	15	46	15	45	3	9	33	100	NS
	Non-Smoker	109	39	149	53	23	8	281	100	
	Totals	124		164		26		314		
CENTRAL CITY A	Smoker	1	6	10	55	7	39	18	100	NS
	Non-Smoker	34	26	66	51	30	23	130	100	
	Totals	35		76		37		148		
CENTRAL CITY B	Smoker	0	0	4	40	6	60	10	100	$p < .001$
	Non-Smoker	28	36	40	51	10	13	78	100	
	Totals	28		44		16		88		
URBAN COMMUNITY	Smoker	5	25	11	55	4	20	20	100	NS
	Non-Smoker	78	39	90	45	31	16	199	100	
	Totals	83		101		35		219		

TABLE IV D

Age at First Date and Marihuana Usage

TYPE OF SCHOOL		Age of 14 or Less at 1st. Date No.	%	Age 15 or More at 1st. Date, or Never Had a Date No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	27	90	3	10	30	100	$p < .02$
	Non-Smoker	38	64	21	36	59	100	
	Totals	65		24		89		
SUBURBAN	Smoker	22	67	11	33	33	100	$p < .005$
	Non-Smoker	113	41	163	59	276	100	
	Totals	135		174		309		
CENTRAL CITY A	Smoker	13	76	4	24	17	100	$p < .001$
	Non-Smoker	43	33	87	67	130	100	
	Totals	56		91		147		
CENTRAL CITY B	Smoker	7	70	3	30	10	100	$p < .05$
	Non-Smoker	28	36	50	64	78	100	
	Totals	35		53		88		
URBAN COMMUNITY	Smoker	12	60	8	40	20	100	$p < .025$
	Non-Smoker	69	35	128	65	197	100	
	Totals	81		136		217		

TABLE IV E

Steady Dating and Marihuana Usage

TYPE OF SCHOOL		Never Steady Dated No.	%	Steady Dated Once or Twice No.	%	Steady Dated Three Times No.	%	Totals No.	%	Signif. Level
PRIVATE	Smoker	13	43	13	43	4	14	30	100	NS
	Non-Smoker	25	42	28	48	6	10	59	100	
	Totals	38		41		10		89		
SUBURBAN	Smoker	4	12	16	48	13	40	33	100	p .02
	Non-Smoker	103	37	113	40	64	23	280	100	
	Totals	107		129		77		313		
CENTRAL CITY A	Smoker	4	23	2	12	11	65	17	100	NS
	Non-Smoker	33	25	48	37	49	38	130	100	
	Totals	37		50		60		147		
CENTRAL CITY B	Smoker	2	20	2	20	6	60	10	100	NS
	Non-Smoker	20	26	41	53	17	21	78	100	
	Totals	22		43		23		88		
URBAN COMMUNITY	Smoker	2	10	7	35	11	55	20	100	NS
	Non-Smoker	56	28	82	42	59	30	197	100	
	Totals	58		89		70		217		

TABLE IV F

TOBACCO SMOKING AND MARIHUANA USAGE

TYPE OF SCHOOL		Smoke Tobacco No.	Smoke Tobacco %	Do not Smoke Tobacco No.	Do not Smoke Tobacco %	TOTALS No.	TOTALS %	SIGNIF. LEVEL
PRIVATE	Smoker	19	63	11	37	30	100	$p < .01$
	Non-Smoker	20	34	39	66	59	100	
	Totals	39		50		89		
SUBURBAN	Smoker	24	75	8	25	32	100	$p < .001$
	Non-Smoker	94	33	188	67	282	100	
	Totals	118		196		314		
CENTRAL CITY A	Smoker	14	78	4	22	18	100	$p < .005$
	Non-Smoker	51	39	79	61	130	100	
	Totals	65		83		148		
CENTRAL CITY B	Smoker	9	82	2	18	11	100	NS
	Non-Smoker	41	53	37	47	78	100	
	Totals	50		39		89		
URBAN COMMUNITY	Smoker	19	95	1	5	20	100	$p < .001$
	Non-Smoker	60	30	138	70	198	100	
	Totals	79		139		218		

TABLE IV G

Consumption of Alcoholic Beverages and Marihuana Usage

TYPE OF SCHOOL		Consume Alcohol No.	%	Do Not Consume Alcohol No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	29	97	1	3	30	100	$p < .01$
	Non-Smoker	43	73	16	27	59	100	
	Totals	72		17		89		
SUBURBAN	Smoker	29	88	4	12	33	100	$p < .001$
	Non-Smoker	160	57	121	43	281	100	
	Totals	189		125		314		
CENTRAL CITY A	Smoker	18	100	0	0	18	100	$p < 005$
	Non-Smoker	84	65	45	35	129	100	
	Totals	102		45		147		
CENTRAL CITY B	Smoker	11	100	0	0	11	100	$p < .02$
	Non-Smoker	51	65	27	35	78	100	
	Totals	62		27		89		
URBAN COMMUNITY	Smoker	20	100	0	0	20	100	$p < .001$
	Non-Smoker	90	46	108	54	198	100	
	Totals	110		108		218		

TABLE IV H

Participation in School Activities and Marihuana Usage

TYPE OF SCHOOL		Do Participate No.	%	Do Not Participate No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	30	100	0	0	30	100	NS
	Non-Smoker	57	97	2	3	59	100	
	Totals	87		2		89		
SUBURBAN	Smoker	15	46	18	54	33	100	NS
	Non-Smoker	176	62	108	38	284	100	
	Totals	191		126		317		
CENTRAL CITY A	Smoker	4	22	14	78	18	100	$p < .05$
	Non-Smoker	62	48	68	52	130	100	
	Totals	66		82		148		
CENTRAL CITY B	Smoker	3	30	7	70	10	100	NS
	Non-Smoker	48	62	30	38	78	100	
	Totals	51		37		88		
URBAN COMMUNITY	Smoker	9	45	11	55	20	100	NS
	Non-Smoker	119	60	80	40	199	100	
	Totals	128		91		219		

TABLE IV I

Participation in Community Activities and Marihuana Usage

TYPE OF SCHOOL		Do Participate No.	Do Participate %	Do Not Participate No.	Do Not Participate %	TOTALS No.	TOTALS %	SIGNIF. LEVEL
PRIVATE	Smoker	10	34	19	66	29	100	NS
	Non-Smoker	17	29	42	71	59	100	
	Totals	27		61		88		
SUBURBAN	Smoker	3	9	30	91	33	100	NS
	Non-Smoker	44	16	239	84	283	100	
	Totals	47		269		316		
CENTRAL CITY A	Smoker	0	0	18	100	18	100	$p < .01$
	Non-Smoker	40	31	89	69	129	100	
	Totals	40		107		147		
CENTRAL CITY B	Smoker	2	20	8	80	10	100	NS
	Non-Smoker	27	35	51	65	78	100	
	Totals	29		59		88		
URBAN COMMUNITY	Smoker	12	60	8	40	20	100	NS
	Non-Smoker	77	39	122	61	199	100	
	Totals	89		130		219		

TABLE IV J

Participation in Religious Activities and Marihuana Usage

TYPE OF SCHOOL		Do Participate No.	%	Do Not Participate No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	11	37	19	63	30	100	NS
	Non-Smoker	24	41	35	59	59	100	
	Totals	35		54		89		
SUBURBAN	Smoker	5	15	28	85	33	100	NS
	Non-Smoker	72	25	212	75	284	100	
	Totals	77		240		317		
CENTRAL CITY A	Smoker	3	17	15	83	18	100	NS
	Non-Smoker	35	27	95	73	130	100	
	Totals	38		110		148		
CENTRAL CITY B	Smoker	0	0	10	100	10	100	$p < .05$
	Non-Smoker	26	33	52	67	78	100	
	Totals	26		62		88		
URBAN COMMUNITY	Smoker	6	30	14	70	20	100	NS
	Non-Smoker	73	37	126	63	199	100	
	Totals	79		140		219		

TABLE IV K

Participation in Political Activities (Including Activist Groups) and Marihuana Usage

TYPE OF SCHOOL		Do Participate No.	%	Do Not Participate No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	4	13	26	87	30	100	NS
	Non-Smoker	4	6	55	93	59	100	
	Totals	8		81		89		
SUBURBAN	Smoker	6	18	27	82	33	100	$p < .025$
	Non-Smoker	19	7	264	93	283	100	
	Totals	25		291		316		
CENTRAL CITY A	Smoker	2	11	16	89	18	100	NS
	Non-Smoker	6	5	124	95	130	100	
	Totals	8		140		148		
CENTRAL CITY B	Smoker	4	36	7	64	11	100	$p < .025$
	Non-Smoker	8	10	70	90	78	100	
	Totals	12		77		89		
URBAN COMMUNITY	Smoker	3	15	17	85	20	100	NS
	Non-Smoker	22	11	177	89	199	100	
	Totals	25		194		219		

TABLE IV L

Religious Preference and Marihuana Usage

TYPE OF SCHOOL		Protestant		Catholic		Other		Totals		Signif. Level
		No.	%	No.	%	No.	%	No.	%	
PRIVATE	Smoker	19	63	0	0	11	37	30	100	NS
	Non-Smoker	36	62	0	0	22	38	53	100	
	Totals	55		0		33		83		
SUBURBAN	Smoker	9	28	7	22	16	50	32	100	$p<.001$
	Non-Smoker	149	53	101	36	31	11	281	100	
	Totals	158		108		47		313		
CENTRAL CITY A	Smoker	7	39	7	39	4	22	18	100	NS
	Non-Smoker	70	56	40	32	12	12	122	100	
	Totals	77		47		16		140		
CENTRAL CITY B	Smoker	9	82	0	0	2	18	11	100	NS
	Non-Smoker	56	73	18	23	3	4	77	100	
	Totals	65		18		5		88		
URBAN COMMUNITY	Smoker	9	45	10	50	1	5	20	100	$p<.001$
	Non-Smoker	156	80	25	13	15	7	196	100	
	Totals	165		35		16		216		

TABLE IV M

Church Attendance and Marihuana Usage

TYPE OF SCHOOL		Attend at Least Once a Month No.	%	Attend at Least Twice a Year No.	%	Never Attend No.	%	Totals No.	%	Signif. Level
PRIVATE	Smoker	17	57	12	40	1	3	30	100	NS
	Non-Smoker	40	68	15	25	4	7	59	100	
	Totals	57		27		5		89		
SUBURBAN	Smoker	15	46	10	30	8	24	33	100	$p < .005$
	Non-Smoker	195	69	64	22	25	9	284	100	
	Totals	210		74		33		317		
CENTRAL CITY A	Smoker	11	61	6	33	1	6	18	100	NS
	Non-Smoker	91	71	28	22	5	7	124	100	
	Totals	102		34		6		142		
CENTRAL CITY B	Smoker	4	36	5	46	2	18	11	100	NS
	Non-Smoker	52	68	18	23	7	9	77	100	
	Totals	56		23		9		88		
URBAN COMMUNITY	Smoker	14	70	4	20	2	10	20	100	NS
	Non-Smoker	148	75	34	17	17	8	199	100	
	Totals	162		38		19		219		

TABLE IV N

Vomiting Following Alcohol Consumption and Marihuana Usage

TYPE OF SCHOOL		Have Vomited No.	%	Have Not Vomited No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	16	57	12	43	28	100	$p < .05$
	Non-Smoker	12	29	29	71	41	100	
	Totals	28		41		69		
SUBURBAN	Smoker	22	76	7	24	29	100	$p < .001$
	Non-Smoker	60	38	98	62	158	100	
	Totals	82		105		187		
CENTRAL CITY A	Smoker	11	61	7	39	18	100	NS
	Non-Smoker	43	52	39	48	82	100	
	Totals	54		46		100		
CENTRAL CITY B	Smoker	6	67	3	33	9	100	NS
	Non-Smoker	34	68	16	32	50	100	
	Totals	40		19		59		
URBAN COMMUNITY	Smoker	14	70	6	30	20	100	$p < .05$
	Non-Smoker	40	44	50	56	90	100	
	Totals	54		56		110		

TABLE IV O

Passing Out Following Alcohol Consumption and Marihuana Usage

TYPE OF SCHOOL		Have Passed Out No.	%	Have Not Passed Out No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	4	14	24	86	28	100	NS
	Non-Smoker	3	7	38	93	41	100	
	Totals	7		62		69		
SUBURBAN	Smoker	16	57	12	43	28	100	$p < .001$
	Non-Smoker	32	21	123	79	155	100	
	Totals	48		135		183		
CENTRAL CITY A	Smoker	6	35	11	65	17	100	$p < .05$
	Non-Smoker	10	13	67	87	77	100	
	Totals	16		78		94		
CENTRAL CITY B	Smoker	3	38	5	62	8	100	NS
	Non-Smoker	11	23	36	77	47	100	
	Totals	14		41		55		
URBAN COMMUNITY	Smoker	5	26	14	74	19	100	NS
	Non-Smoker	14	16	75	84	89	100	
	Totals	19		89		108		

TABLE IV P

Inability of Respondents to Remember Where They Were of What They Had Been Doing Following Consumption of Alcohol, and Marihuana Usage

TYPE OF SCHOOL		Unable to Remember No.	%	Able to Remember No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	5	18	23	82	28	100	NS
	Non-Smoker	4	10	36	90	40	100	
	Totals	9		59		68		
SUBURBAN	Smoker	20	71	8	29	28	100	$p < .01$
	Non-Smoker	60	39	96	61	156	100	
	Totals	80		104		184		
CENTRAL CITY A	Smoker	9	53	8	47	17	100	$p < .05$
	Non-Smoker	21	26	59	74	80	100	
	Totals	30		67		97		
CENTRAL CITY B	Smoker	3	38	5	62	8	100	NS
	Non-Smoker	15	32	32	68	47	100	
	Totals	18		37		55		
URBAN COMMUNITY	Smoker	12	63	7	37	19	100	$p < .05$
	Non-Smoker	33	37	56	63	89	100	
	Totals	45		63		108		

TABLE IV Q

Responses to Attitudinal Item 56^c and Marihuana Usage

"In order to get ahead in the world today, you are almost forced to do some things which just aren't right."

TYPE OF SCHOOL		Agree to a Great or Some Extent No.	%	Agree to a Slight Extent or no Extent at all (disagree) No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	14	47	16	53	30	100	NS
	Non-Smoker	20	34	39	66	59	100	
	Totals	34		55		89		
SUBURBAN	Smoker	18	56	14	44	32	100	$p < .05$
	Non-Smoker	106	38	176	62	282	100	
	Totals	124		190		314		
CENTRAL CITY A	Smoker	11	69	5	31	16	100	$p < .05$
	Non-Smoker	52	42	73	58	125	100	
	Totals	63		78		141		
CENTRAL CITY B	Smoker	7	64	4	36	11	100	NS
	Non-Smoker	29	38	47	62	76	100	
	Totals	36		51		87		
URBAN COMMUNITY	Smoker	12	63	7	37	19	100	$p < .01$
	Non-Smoker	56	29	139	71	195	100	
	Totals	68		146		214		

TABLE IV R

Responses to Attitudinal Item 56p and Marihuana Usage

"Viet Nam has very little to do with our national security and is certainly not worth American lives."

TYPE OF SCHOOL		Agree to a Great or Some Extent No.	%	Agree to a Slight Extent or no Extent at all (disagree) No.	%	TOTALS No.	%	SIGNIF. LEVEL
PRIVATE	Smoker	10	34	19	66	29	100	NS
	Non-Smoker	21	36	37	64	58	100	
	Totals	31		56		87		
SUBURBAN	Smoker	12	39	19	61	31	100	$p < .05$
	Non-Smoker	61	22	217	78	278	100	
	Totals	73		236		309		
CENTRAL CITY A	Smoker	3	21	11	79	14	100	NS
	Non-Smoker	27	22	97	78	124	100	
	Totals	30		108		138		
CENTRAL CITY B	Smoker	6	55	5	45	11	100	$p < .025$
	Non-Smoker	16	21	61	79	77	100	
	Totals	22		66		88		
URBAN COMMUNITY	Smoker	6	32	13	68	19	100	NS
	Non-Smoker	34	18	158	82	192	100	
	Totals	40		171		211		

TABLE IV S

Responses to Attitudinal Item 56j and Marihuana Usage

"It is necessary that we fight the Communists in Viet Nam so that within the next few years we won't have to fight them in California or Hawaii."

TYPE OF SCHOOL		Agree to a Great or Some Extent		Agree to a Slight Extent or no Extent at all (disagree)		TOTALS		SIGNIF. LEVEL
		No.	%	No.	%	No.	%	
PRIVATE	Smoker	7	24	22	76	29	100	NS
	Non-Smoker	12	20	47	80	59	100	
	Totals	19		69		88		
SUBURBAN	Smoker	5	16	26	84	31	100	$p<.001$
	Non-Smoker	148	53	132	47	280	100	
	Totals	153		158		311		
CENTRAL CITY A	Smoker	7	50	7	50	14	100	NS
	Non-Smoker	73	59	51	41	124	100	
	Totals	80		58		138		
CENTRAL CITY B	Smoker	3	27	8	73	11	100	$p<.05$
	Non-Smoker	52	68	25	32	77	100	
	Totals	55		33		88		
URBAN COMMUNITY	Smoker	9	47	10	53	19	100	NS
	Non-Smoker	115	60	87	40	202	100	
	Totals	124		97		221		

TABLE IV T

Father's Education and Marihuana Usage

TYPE OF SCHOOL		Not a High School Graduate No.	%	High School Graduate No.	%	College Graduate No.	%	Totals No.	%	Signif. Level
	Smoker	0	0	4	13	26	87	30	100	
PRIVATE	Non-Smoker	2	3	12	20	45	77	59	100	NS
	Totals	2		16		71		89		
	Smoker	4	12	21	66	7	22	32	100	
SUBURBAN	Non-Smoker	66	24	163	58	50	18	279	100	NS
	Totals	70		184		57		311		
	Smoker	5	31	9	57	2	12	16	100	
CENTRAL CITY A	Non-Smoker	84	67	35	28	6	5	125	100	$p < .005$
	Totals	89		44		8		141		
	Smoker	7	64	4	36	0	0	11	100	
CENTRAL CITY B	Non-Smoker	38	51	31	41	6	8	75	100	NS
	Totals	45		35		6		86		
	Smoker	7	35	9	45	4	20	20	100	
URBAN COMMUNITY	Non-Smoker	86	44	89	46	19	10	194	100	NS
	Totals	93		98		23		214		

TABLE V A

Ratings by Respondents of Nine Information Sources on Drugs: School Counselor

Type of School	Percentage of Respondents Ranking Source in Top Third	Percentage of Respondents Ranking Source in Middle Third	Percentage of Respondents Ranking Source in Bottom Third	Not Ascertained (Actual No. of Student Respondents)
PRIVATE N = 89	6%	28%	66%	5
SUBURBAN N = 319	5	36	59	38
CENTRAL CITY A N = 148	4	38	58	46
CENTRAL CITY B N = 89	1	31	68	18
URBAN COMMUNITY A N = 113	1	34	65	13
URBAN COMMUNITY B N = 99	6	41	53	13
SMALL TOWN UPPER PENNINSULA N = 104	3	31	66	5
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	2	34	64	6
RURAL COMMUNITY B LOWER PENNINSULA N = 66	10	38	52	5
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE V B

Ratings by Respondents of Nine Information Sources on Drugs: Police Officer

Type of School	Percentage of Respondents Ranking Source in Top Third	Percentage of Respondents Ranking Source in Middle Third	Percentage of Respondents Ranking Source in Bottom Third	Not Ascertained (Actual No. of Student Respondents)
PRIVATE N = 89	7%	45%	48%	4
SUBURBAN N = 319	12	33	55	35
CENTRAL CITY A N = 148	14	38	49	43
CENTRAL CITY B N = 89	9	45	45	17
URBAN COMMUNITY A N = 113	13	39	48	15
URBAN COMMUNITY B N = 99	12	38	50	13
SMALL TOWN UPPER PENNINSULA N = 104	10	42	48	10
SMALL TOWN LOWER PENNINSULA N = 132	-	-	-	-
RURAL COMMUNITY A LOWER PENNINSULA N = 64	12	54	33	7
RURAL COMMUNITY B LOWER PENNINSULA N = 66	15	49	36	7
RURAL COMMUNITY UPPER PENNINSULA N = 156	-	-	-	-

TABLE V C

RATINGS BY RESPONDENTS OF NINE INFORMATION SOURCES ON DRUGS:
Minister, Priest, or Rabbi

Type of School	Percentage of Respondents ranking source in Top Third	Percentage of Respondents ranking source in Middle Third	Percentage of Respondents ranking source in Bottom Third	Not Ascertained (actual number)
PRIVATE N = 89	8%	32%	60%	4
SUBURBAN N = 319	15	31	54	37
CENTRAL CITY A N = 148	25	38	37	46
CENTRAL CITY B N = 89	20	48	32	19
URBAN COMMUNITY A N = 113	20	43	37	14
URBAN COMMUNITY B N = 99	17	35	48	10
SMALL TOWN UPPER PENNINSULA N = 104	26	38	36	9
SMALL TOWN LOWER PENNINSULA N = 132	-	-	-	-
RURAL COMMUNITY A LOWER PENNINSULA N = 64	9	37	54	8
RURAL COMMUNITY B LOWER PENNINSULA N = 66	27	39	34	7
RURAL COMMUNITY UPPER PENNINSULA N = 156	-	-	-	-

TABLE V D

Ratings by Respondents of Nine Information Sources on Drugs: A Teacher Giving a Health and Safety Lecture at School

Type of School	Percentage of Respondents Ranking Source in Top Third	Percentage of Respondents Ranking Source in Middle Third	Percentage of Respondents Ranking Source in Bottom Third	Not Ascertained (Actual No. of Student Respondents)
PRIVATE N = 89	8%	64%	28%	3
SUBURBAN N = 319	10	60	30	39
CENTRAL CITY A N = 148	6	52	42	49
CENTRAL CITY B N = 89	18	56	26	18
URBAN COMMUNITY A N = 113	12	57	31	12
URBAN COMMUNITY B N = 99	14	58	28	14
SMALL TOWN UPPER PENNINSULA N = 104	12	57	31	8
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	19	59	22	6
RURAL COMMUNITY B LOWER PENNINSULA N = 66	10	50	40	6
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE V E

Ratings by Respondents of Nine Information Sources on Drugs: Respondent's Father

Type of School	Percentage of Respondents Ranking Source in Top Third	Percentage of Respondents Ranking Source in Middle Third	Percentage of Respondents Ranking Source in Bottom Third	Not Ascertained (Actual No. of Student Respondents)
PRIVATE N = 89	19%	39%	42%	7
SUBURBAN N = 319	27	30	43	36
CENTRAL CITY A N = 148	35	27	38	39
CENTRAL CITY B N = 89	25	18	57	15
URBAN COMMUNITY A N = 113	27	29	44	14
URBAN COMMUNITY B N = 99	22	26	52	11
SMALL TOWN UPPER PENNINSULA N = 104	31	29	40	7
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	25	35	40	7
RURAL COMMUNITY B LOWER PENNINSULA N = 66	42	27	31	7
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE V F

Ratings by Respondents of Nine Information Sources on Drugs: Someone who has Used Drugs (Tried Marihuana)

Type of School	Percentage of Respondents Ranking Source in Top Third	Percentage of Respondents Ranking Source in Middle Third	Percentage of Respondents Ranking Source in Bottom Third	Not Ascertained (Actual No. of Student Respondents)
PRIVATE N = 89	26%	39%	35%	2
SUBURBAN N = 319	30	32	38	32
CENTRAL CITY A N = 148	37	18	45	34
CENTRAL CITY B N = 89	32	16	51	14
URBAN COMMUNITY A N = 113	25	25	50	10
URBAN COMMUNITY B N = 99	31	24	45	7
SMALL TOWN UPPER PENNINSULA N = 104	22	21	57	5
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	27	19	54	5
RURAL COMMUNITY B LOWER PENNINSULA N = 66	19	15	66	3
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE V G

Ratings by Respondents of Nine Information Sources on Drugs: A Professor from the University of Michigan Medical School

Type of School	Percentage of Respondents Ranking Source in Top Third	Percentage of Respondents Ranking Source in Middle Third	Percentage of Respondents Ranking Source in Bottom Third	Not Ascertained (Actual No. of Student Respondents)
PRIVATE N = 89	75%	19%	6%	3
SUBURBAN N = 319	62	25	12	35
CENTRAL CITY A N = 148	55	24	21	46
CENTRAL CITY B N = 89	61	26	13	19
URBAN COMMUNITY A N = 113	68	18	14	13
URBAN COMMUNITY B N = 99	66	21	13	12
SMALL TOWN UPPER PENNINSULA N = 104	52	33	15	10
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	62	19	19	7
RURAL COMMUNITY B LOWER PENNINSULA N = 66	59	18	23	6
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE V H

Ratings by Respondents of Nine Information Sources on Drugs: A Doctor from the Department of Public Health

Type of School	Percentage of Respondents Ranking Source in Top Third	Percentage of Respondents Ranking Source in Middle Third	Percentage of Respondents Ranking Source in Bottom Third	Not Ascertained (Actual No. of Student Respondents)
PRIVATE N = 89	77%	13%	10%	3
SUBURBAN N = 319	71	22	7	37
CENTRAL CITY A N = 148	66	19	15	46
CENTRAL CITY B N = 89	70	21	9	17
URBAN COMMUNITY A N = 113	71	19	10	13
URBAN COMMUNITY B N = 99	68	22	10	12
SMALL TOWN UPPER PENNINSULA N = 104	66	26	9	9
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	78	13	9	8
RURAL COMMUNITY B LOWER PENNINSULA N = 66	58	32	10	6
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

TABLE V I

Ratings by Respondents of Nine Information Sources on Drugs: Personal Physician

Type of School	Percentage of Respondents Ranking Source in Top Third	Percentage of Respondents Ranking Source in Middle Third	Percentage of Respondents Ranking Source in Bottom Third	Not Ascertained (Actual No. of Student Respondents)
PRIVATE N = 89	75%	23%	2%	4
SUBURBAN N = 319	70	25	5	36
CENTRAL CITY A N = 148	61	34	5	44
CENTRAL CITY B N = 89	65	34	1	19
URBAN COMMUNITY A N = 113	66	30	4	15
URBAN COMMUNITY B N = 99	65	32	3	11
SMALL TOWN UPPER PENNINSULA N = 104	78	19	3	9
SMALL TOWN LOWER PENNINSULA N = 132	--	--	--	--
RURAL COMMUNITY A LOWER PENNINSULA N = 64	65	28	7	7
RURAL COMMUNITY B LOWER PENNINSULA N = 66	63	30	7	6
RURAL COMMUNITY UPPER PENNINSULA N = 156	--	--	--	--

APPENDIX 2

Data Collection Instrument

I have called this
the Mich. High School
Student Drug Attitudes
& Behavior Questionnaire

Dear Student:

This questionnaire is a part of a study of what high school students know and how they feel about drugs and drug usage. Aside from misleading guesses and informal polls, little is really known about the subject. This study is an attempt to find out what the facts are.

We recognize and understand that there might be many reasons why you would not want to tell us how you feel about drugs and whether or not you have used them. Yet we need to know your honest reactions as a high school student in order to really get the facts. You need not fear giving us this information, because great care has been given in setting up this study to conceal your identity and assure every participant that the questionnaire he or she fills out can in no way be identified. For instance:

> You are not to give your name anywhere on the questionnaire even if you want to.
>
> There are no code numbers or other secret ways of identifying you as an individual.
>
> No record is being made of the classroom that we are in, or the time of day that this questionnaire is answered.
>
> Completed questionnaires will not be seen by anyone, from the time they leave this room until they reach the State Public Health Offices where other confidential information is handled. These questionnaires will then be under the jurisdiction of Dr. Roy Smith who is a Maternal and Child Health medical consultant with the Michigan Department of Public Health.
>
> Michigan State Law prevents your completed questionnaire from being traced to you in any way, so they cannot possibly be used to embarrass or harm you in any way.
>
> Only the number of students who feel a certain way or use certain drugs will ever be made public. Even the name of your high school will be kept confidential.

This study is covered by Act 39, 1957, P.46, which was passed by the Michigan legislature in 1957, which permits the Michigan Department of Public Health to take confidential health surveys.

Right now it is important that parents, school administrators and city, county and state officials understand how young people feel about their own behavior. Rumors, accusations and misunderstanding need not be the basis of public decisions. We believe it is better to come directly to the students with studies such as this. You can help by checking your answers on the questionnaire as completely and as truthfully as you possibly can.

Thank you,

House of Representatives' Committee on Narcotics
with assistance from representatives from:

Michigan Department of Public Health
The University of Michigan
Michigan State University

TM 001 101

DIRECTIONS

Please answer all of the questions which apply to you. There are two questions in boxes for boys and one question in a box for girls. If you are male, answer just that part of Question 3 which is labeled "For Boys" and continue with question 4. If you are female, answer that part of Question 3 which is labeled "For Girls" and continue with Question 4. If you are female you may also skip Question 22 which is labeled, "For Boys," but please go on with Question 23 which is just below the box.

There are a few questions in boxes for those who answer "Yes" to a particular question.

There are two large boxes on pages 8 and 9 for those who drink alcoholic beverages. If you do not drink, you may omit the boxed-in portions of question 35 but please continue with question 36 which is just below the box on page 9.

There are also two large boxes on pages 10 and 11 for those who have smoked marihuana. If you have never smoked marihuana, you may omit the boxed-in portions of Question 40 but please answer Question 41 which is in a box on page 12.

Questions which are not in boxes are for all students. Please do not skip any of these questions.

Usually you are asked to check one item for each question or check either the "Yes" or "No" alternative. In a few cases you are asked to fill in your answer. If none of the items listed seem right to you in any particular question, you are welcome to write in your answer. Finally, some of the questions have a series of items, each one followed by a "Yes" or "No". Please answer yes or no for each item.

Survey of High School Student Attitudes and Behavior.

1. After you graduate (or leave) from high school, what would you really like to do? CHECK ONE.

   1. ☐ Go to college (15)
   2. ☐ Get a job
   3. ☐ Go into military service
   4. ☐ Get married

2. After you graduate (or leave) from high school, what do you think you actually will do? CHECK ONE.

   1. ☐ Go to college (16)
   2. ☐ Get a job
   3. ☐ Go into military service
   4. ☐ Get married

3. a. b. (17, 18)

FOR BOYS: What kind of job do you think you will have when you are 25?	FOR GIRLS: What kind of job do you think your husband will have? (when you are 25)
____________________	____________________
____________________	☐ I don't think I will be married when I am 25.

4. If you were getting lower grades in your classes than you were used to, and wanted to talk to someone about it, who would you go to? CHECK ONE.

   1. ☐ Friends
   2. ☐ Brother or sister
   3. ☐ Parents
   4. ☐ Teacher
   5. ☐ School counselor (19)
   6. ☐ No one
   7. ☐ Someone else: ____________________

5. If several people who you thought were your best friends, began teasing you about your appearance or behavior, to whom would you go for advice? CHECK ONE.

(20)

1. ☐ Other friends
2. ☐ Brother or sister
3. ☐ Parents
4. ☐ Teacher
5. ☐ School counselor
6. ☐ No one
7. ☐ Someone else: ____________________

6. Different people strive for different things. Here are some things that you have probably thought about. Check the one thing that you consider to be the most important. CHECK ONE.

(21)

1. ☐ Pleasing my parents.
2. ☐ Learning as much as possible in school.
3. ☐ Living up to (fulfilling) my religious ideals.
4. ☐ Living up to my moral and/or ethical views.
5. ☐ Being accepted and liked by other students.
6. ☐ Having a good time.
7. Other ________________________

7. Do you enjoy parties or dances more, less, or about the same as others in your class? CHECK ONE.

1. ☐ More   2. ☐ Less   3. ☐ About the same   (22)

8. Compared to your classmates, how popular do you think you are with girls? CHECK ONE.

(23)

1. ☐ Very much more popular
2. ☐ More popular
3. ☐ About the same as others
4. ☐ Less popular
5. ☐ Very much less popular

9. Compared to your classmates, how popular do you think you are with boys? CHECK ONE.

(24)

1. ☐ Very much more popular
2. ☐ More popular
3. ☐ About the same as others
4. ☐ Less popular
5. ☐ Very much less popular

10. Of all the people you know, how many would you consider to be close personal friends? PLEASE WRITE NUMBER ______ (25, 26)

11. Which of the following statements comes closest to describing your feelings about yourself? CHECK ONE.

1. ☐ I would like to change a lot of things about myself. (27)
2. ☐ I would like to change some things about myself.
3. ☐ I would like to remain just the way I am.

12. At what age did you have your first date? (28)

1. ☐ Have never had a date
2. ☐ Under 12 years old
3. ☐ 12-13 years old
4. ☐ 14 years old
5. ☐ 15 years old
6. ☐ 16 years old
7. ☐ 17 years old
8. ☐ 18 years old

13. Have you ever gone steady? (29)

1. ☐ Yes, once
2. ☐ Yes, twice
3. ☐ Yes, three or more times
5. ☐ No

14. Are you going steady now? (30)

1. ☐ Yes → IF YES, How long have you been going steady?
   2. ☐ Less than a month
   3. ☐ One or two months
   4. ☐ Three, four or five months
   6. ☐ Six months to a year
   7. ☐ More than a year
   8. ☐ More than two years
5. ☐ No

15. Are your grades usually: CHECK ONE. (31)

1. ☐ Mostly "A"s
2. ☐ Mostly "A"s and "B"s
3. ☐ Mostly "B"s
4. ☐ Mostly "B"s and "C"s
5. ☐ Mostly "C"s
6. ☐ Mostly "C"s and "D"s.

16a. What one thing do you like to do most in your spare time? _____ (32, 33)

____

16b. With whom do you usually do this? CHECK ONE.

1. ☐ No one, I do it alone
2. ☐ A very close friend
3. ☐ Two or more friends
4. ☐ Parents
5. ☐ Sister or brother
6. ☐ Other ____________________

17. Here is a list of activities. Please check the ones that you could do if you wanted to; that is, please check those activities for which there are facilities in your community, neighborhood, or home.

(34-49)

1. ☐ Tennis
2. ☐ Ping-pong
3. ☐ Golf
4. ☐ Skiing or ice skating
5. ☐ Horseback riding
6. ☐ Roller skating
7. ☐ Bowling
8. ☐ Swimming
9. ☐ Boating, canoeing, sailing
10. ☐ Fishing
11. ☐ Hunting
12. ☐ Camping or hiking
13. ☐ Going to movies
14. ☐ Playing a musical instrument
15. ☐ Making things -- arts and crafts
16. ☐ Photography

18. Do you participate in any school activities besides sports?

5. ☐ No 1. ☐ Yes (50)

19. Do you participate in any community activities such as Boy Scouts, YMCA, Junior Achievement, 4H Club, etc.?

5. ☐ No 1. ☐ Yes (51)

20. Do you participate in religious activities for teenagers such as Methodist Youth Fellowship, Catholic Youth Organization, or B'Nai B'rith?

5. ☐ No 1. ☐ Yes (52)

21. Do you participate in political activities, underground newspapers, or activist groups such as Young Americans for Freedom or Catholic Peace Fellowship?

5. ☐ No 1. ☐ Yes (53)

22. FOR BOYS -- Are you active in sports? CHECK ONE. (54)

1. ☐ Yes, I am on the football, baseball, basketball, or track team.
2. ☐ Yes, I am on the tennis, golf, swimming, or other high school team.
3. ☐ Yes, I am active in sports, but not on a school team.
4. ☐ No, but I do play certain sports when the weather is right.
5. ☐ No, but I get good physical exercise in other ways (hiking, biking, working, etc.).
6. ☐ No, I have other things to do.
7. ☐ Other ______________________________

23. Do you have any kind of part-time job? 1. ☐ Yes 5. ☐ No (55)

24. If you have a job, please check what this job is. Do not include any type of volunteer work.

01. ☐ Baby sitting (56, 57)
02. ☐ Odd jobs -- mowing lawns, shoveling snow
03. ☐ Sales clerk or helper in a retail store.
04. ☐ Helper in library, hospital, etc.
05. ☐ Secretarial or beautician work
06. ☐ Mechanical, factory, or farm labor
07. ☐ Other ______________________________
00. ☐ Don't have a part-time job.

25. Where do you get your spending money? CHECK ONE.

1. ☐ Allowance from parents only (58)
2. ☐ Allowance and job
3. ☐ Job only
4. ☐ Other ______________________________

HERE ARE A FEW QUESTIONS ABOUT YOUR FAMILY:

26. Which parent do you feel closest to? CHECK ONE.

1. ☐ Father (59)
2. ☐ Mother
3. ☐ Neither, I feel closest to another relative.
4. ☐ Both
5. ☐ Neither, I feel closest to someone else who is not a relative.

27. How many brothers or sisters do you have? CHECK ONE. (60)

0. ☐ None
1. ☐ One
2. ☐ Two
3. ☐ Three
4. ☐ Four
5. ☐ Five
6. ☐ Six
7. ☐ Seven
8. ☐ Eight or more

28. How would you describe your family? CHECK ONE.

1. ☐ We are very close. (61)
2. ☐ We are quite close.
3. ☐ We are somewhat close.
4. ☐ We are not too close.
5. ☐ We are not at all close.

29. How would you describe your family activities? CHECK ONE.

1. ☐ We do very many things together. (62)
2. ☐ We do many things together.
3. ☐ We do some things together.
4. ☐ We do a few things together.
5. ☐ We hardly do any things together.

30. Suppose you had a chance to take a trip to San Francisco or Los Angeles this summer with just ONE of your parents or ONE other relative. Which ONE would you choose?

1. ☐ Father 2. ☐ Mother 3. ☐ Another relative (63)

31. How would you rate your father? CHECK ONE.

1. ☐ He has been very successful. (64)
2. ☐ He has been quite successful.
3. ☐ He has been fairly successful.
4. ☐ He has not been too successful.
5. ☐ He has not been successful at all.

32. How would you rate your father as a parent? CHECK ONE.

1. ☐ He has raised me very well. (65)
2. ☐ He has raised me quite well.
3. ☐ He has raised me fairly well.
4. ☐ He has raised me not too well.
5. ☐ He has raised me very poorly.

33. How would you rate your mother as a parent? CHECK ONE.

1. ☐ She has raised me very well. (66)
2. ☐ She has raised me quite well.
3. ☐ She has raised me fairly well.
4. ☐ She has raised me not too well.
5. ☐ She has raised me very poorly.

34. Do you smoke cigarettes? ☐ Yes 5. ☐ No

IF YES, Do you smoke at home? (67)

1. ☐ Yes 3. ☐ No.

35. Do you drink beer, whiskey, wine, or any other alcoholic beverages?

1. ☐ Yes 5. ☐ No (If you do not drink, skip the rest of this question and go on to question 36) (68)

IF YES, please answer "Yes" or "No" to each question

IF YES a. Where do you drink?

1. At my home	☐ Yes	☐ No	(15)
2. At a friend's home or apartment	☐ Yes	☐ No	(16)
3. In cars	☐ Yes	☐ No	(17)
4. In bars or taverns	☐ Yes	☐ No	(18)
5. Outdoors (grassers)	☐ Yes	☐ No	(19)
6. Restaurants	☐ Yes	☐ No	(20)
7. Someplace else ____________	☐ Yes	☐ No	(21)

b. Do you:

1. Drink alone	☐ Yes	☐ No	(22)
2. Drink whenever you get the chance	☐ Yes	☐ No	(23)
3. Drink alone before going to a party or dance	☐ Yes	☐ No	(24)
4. Drink with friends before going to a party or dance	☐ Yes	☐ No	(25)

c. Have you ever:

1. Thrown up (vomited)(after drinking)	☐ Yes	☐ No	(26)
2. Been arrested for drinking	☐ Yes	☐ No	(27)
3. Passed out while drinking	☐ Yes	☐ No	(28)
4. Been unable to remember what you were doing or where you were	☐ Yes	☐ No	(29)
5. Had a fight while drinking	☐ Yes	☐ No	(30)

d. Do you:

1. Drink more than your parents think you do	☐ Yes	☐ No	(31)
2. Drink less than your parents think	☐ Yes	☐ No	(32)
3. Tell your parents how much you drink	☐ Yes	☐ No	(33)
4. Only drink with your family at home	☐ Yes	☐ No	(34)

Question 35 continued

e. What do you drink?

1. Beer	☐ Yes	☐ No	(35)
2. Whiskey (scotch, bourbon)	☐ Yes	☐ No	(36)
3. Wine	☐ Yes	☐ No	(37)
4. Vodka, gin	☐ Yes	☐ No	(38)
5. Rum	☐ Yes	☐ No	(39)
6. Other	☐ Yes	☐ No	(40)

36. There has been a lot of talk lately about marihuana (marijuana) on college campuses and in high schools. Would you say that using it was harmful for the mind, harmless, or actually good for the mind? CHECK ONE.

(41)

1. ☐ Harmful for the mind
2. ☐ Harmless for the mind
3. ☐ Good for the mind

37. Would you say that using marihuana would be harmful, harmless, or good for the body? CHECK ONE.

(42)

1. ☐ Harmful for the body
2. ☐ Harmless for the body
3. ☐ Good for the body

38. If you were at a party and two students whom you knew quite well offered to share some marihuana with you, would you: CHECK ONE.

(43)

1. ☐ Accept their offer?
2. ☐ Say no thanks, and forget about it?
3. ☐ Say no thanks, and later mention this to a school counselor, coach, or other adult?
4. ☐ Say no thanks, and later report the students to the high school principal or to the police?
5. ☐ Don't know what I would do.

39. If you were at a party and two students whom you did not know very well offered to share some marihuana with you, would you: CHECK ONE.

1. ☐ Accept their offer? (44)
2. ☐ Say no thanks, and forget about it?
3. ☐ Say no thanks, and later report the students to a school counselor, coach, or other adult?
4. ☐ Say no thanks, and later report the students to the high school principal or to the police?
5. ☐ Don't know what I would do.

40. Have you ever smoked marihuana? ☐ Yes (please answer questions in box below and in box on page 11) ☐ No (Please go to question 41, page 12)

IF YES (45)

a. When did you first try it? CHECK ONE. (46)

1. ☐ During the current semester
2. ☐ Since last September, 1967
3. ☐ Before last September

b. How often do you smoke marihuana? CHECK ONE OR WRITE ANSWER. (47)

1. ☐ More than twice a week
2. ☐ Once or twice a week
3. ☐ Only now and then
4. ☐ Hardly ever
5. ____________________

c. Why do you or did you smoke it? (48)

____

____

____

d. Who first introduced you to marihuana? CHECK ONE. (49)

1. ☐ Someone I knew very well
2. ☐ Someone I did not know too well
3. ☐ Someone I had just met

Question 40 continued

e. Was this person a college student, a high school student or someone else? CHECK ONE. (50)

1. ☐ A college student
2. ☐ A high school student
3. ☐ Someone else

f. Would you say that this person is quite popular and well respected by his friends? (51)

1. ☐ Yes 5. ☐ No

g. Has your use of alcoholic beverages changed since you began or first smoked marihuana? CHECK ONE. (52)

1. ☐ Yes, it has increased
2. ☐ Yes, it has increased, but only because I have become older
3. ☐ Yes, it has decreased
4. ☐ No, it is about the same
5. ☐ No, I don't drink

h. Have you noticed more, the same number, or fewer fights or arguments at marihuana parties than at liquor or beer parties? CHECK ONE. (53)

1 ☐ Noticed more fights or arguments at marihuana parties.
2 ☐ Noticed the same number of fights or arguments.
3 ☐ Noticed fewer fights or arguments at marihuana parties.
4 ☐ Can't say, since I don't go to such parties.

i. What activities do you usually engage in when you use marihuana? CHECK ONE. (54)

1. ☐ Reading
2. ☐ Sleeping
3. ☐ Sports
4. ☐ Dancing
5. ☐ Listening to music
6. ☐ Talking with dates, or friends
7. ☐ Other ________________

j. When you use marihuana, do you drive a car? (55)

1. ☐ Yes 5. ☐ No

THE FOLLOWING QUESTIONS IN THE BOX BELOW ARE FOR STUDENTS WHO HAVE NEVER SMOKED MARIHUANA. IF YOU HAVE SMOKED MARIHUANA, AND HAVE ANSWERED PARTS a-j OF QUESTION 40, PLEASE GO TO QUESTION 42.

41. a. Why have you never smoked marihuana? CHECK ONE -- IF MORE THAN ONE OF THESE REASONS APPLY TO YOU, PLEASE CHECK THE ONE WHICH IS MOST IMPORTANT TO YOU.

1. ☐ I have just not been particularly interested in this drug. (56)
2. ☐ I have not known how to obtain it.
3. ☐ I have been afraid of the possible medical or health dangers.
4. ☐ I do not wish to run the risk of legal problems (arrest).
5. ☐ I do not believe in doing what is illegal, as a matter of principle.
6. ☐ I do not believe in it because of my religious convictions.
7. ☐ Other ______________________

b. Do you think you will try marihuana before the end of the coming summer?

1. ☐ Yes   5. ☐ No   8. ☐ Don't know (57)

c. Do you think you will try marihuana any time in the future?

1. ☐ Yes   5. ☐ No   8. ☐ Don't know (58)

d. If a good friend of yours tried marihuana just once, would you change your opinion of him (her)?

1. ☐ Yes   5. ☐ No   8. ☐ Don't know (59)

e. If this same friend became a regular user of marihuana, would you change your opinion of him (her)?

1. ☐ Yes   5. ☐ No   8. ☐ Don't know (60)

THE REMAINDER OF THE QUESTIONNAIRE IS FOR ALL STUDENTS, REGARDLESS OF PAST USE OF MARIHUANA.

42. Do you think that most high school students know enough, or not enough, about physical effects of drugs? CHECK ONE.

1. ☐ I think most high school students know enough about the physical effects of drugs. (61)
2. ☐ I think most high school students do not know enough about the physical effects of drugs.

43. Do you think that most parents of high school students know enough about drugs to advise their children?

1. ☐ Yes 5. ☐ No (62)

44. Suppose each of the following persons gave you advice on the use and abuse of drugs. How would you rate these persons as to the likely value of this advice? PLEASE RATE THE FOLLOWING PERSONS FROM ONE TO NINE. MARK A NUMBER ONE BY THE PERSON WHOSE ADVICE YOU WOULD VALUE THE MOST, A TWO BY THE PERSON WHOSE ADVICE YOU WOULD GIVE SECOND HIGHEST VALUE TO, ETC. PLEASE MARK A NUMBER NINE BY THE NAME OF THE PERSON WHOSE ADVICE YOU WOULD VALUE THE LEAST.

(63-71)

1. ___ A police officer
2. ___ Your father
3. ___ Your minister, priest or rabbi
4. ___ A teacher giving a health and safety lecture at your high school
5. ___ Someone who has used drugs (tried marihuana)
6. ___ Your school counselor
7. ___ Your personal physician
8. ___ A professor from The University of Michigan Medical School
9. ___ A doctor from the Department of Public Health

45. How do you regard the current state and federal drug-control laws which apply to marihuana? CHECK ONE.

(72)

1. ☐ The laws are too lenient and need to be stronger for better control.
2. ☐ The laws are reasonable and should remain as they are.
3. ☐ Penalties for use or possession of marihuana should be lowered.
4. ☐ Penalties for use or possession of marihuana should not exceed a small fine.
5. ☐ Marihuana should be legal for anyone 21 and over.
6. ☐ Marihuana should be legal for anyone 18 or over.
7. ☐ Marihuana should be legal for anyone.
8. ☐ I am unfamiliar with laws relating to marihuana.

46. PLEASE INDICATE WHICH OF THE FOLLOWING ITEMS, IF ANY, THAT YOU HAVE EVER USED TO GET "HIGH." IF YOU HAVE USED AN ITEM TO GET "HIGH," PLEASE CHECK THE BOX IN COLUMN 1. IF YOU HAVE NEVER USED THE ITEM TO GET "HIGH" BUT HAVE HEARD OF IT AS BEING USED TO GET "HIGH" PLEASE CHECK THE BOX IN COLUMN 2. IF YOU HAVE NEVER HEARD OF THE ITEM BEING USED TO GET "HIGH," PLEASE CHECK THE BOX IN COLUMN 3.

Have you ever used:	1. Yes, Have Used to Get "High"	2. No, Have Never Used to Get "High"	3. Never Heard of It Being Used to Get "High"	
a. Hashish	☐	☐	☐	(15)
b. LSD (d-lysergic acid diethylamide)	☐	☐	☐	(16)
c. Psilocybin	☐	☐	☐	(17)
d. Mescaline or peyote	☐	☐	☐	(18)
e. DET (diethyltryptamine)	☐	☐	☐	(19)
f. DMT (dimethyltryptamine)	☐	☐	☐	(20)
g. STP	☐	☐	☐	(21)
h. LBJ	☐	☐	☐	(22)
i. Banana skins, nutmet or other foodstuffs	☐	☐	☐	(23)
j. Morning glory seeds	☐	☐	☐	(24)
k. Bloopers	☐	☐	☐	(25)
l. Caffeine (coffee, tea, coca-cola, No-doz, APC)	☐	☐	☐	(26)
m. Amphetamines and Methamphetamines	☐	☐	☐	(27)
n. Benzedrine	☐	☐	☐	(28)
o. Dexedrine	☐	☐	☐	(29)
p. Methedrine (speed)	☐	☐	☐	(30)
q. Dezbutal	☐	☐	☐	(31)
r. Diet Pills	☐	☐	☐	(32)
s. Barbiturates (Amytal, Nembutal, Seconol, Phenobarbital, Tuinal, etc.)	☐	☐	☐	(33)
t. Chloral hydrate	☐	☐	☐	(34)
u. Phonies	☐	☐	☐	(35)
v. Librium (Chlordiazepoxide)	☐	☐	☐	(36)
w. Phenothizaines (Thorazine, Compazine, Stelazine)	☐	☐	☐	(37)

Question 46 continued

Have you ever used:	1. Yes, Have Used to Get "High"	2. No, Have Never Used to Get "High"	3. Never Heard of It Being Used to Get "High"	
x. Opium	☐	☐	☐	(38)
y. Heroin	☐	☐	☐	(39)
z. Morphine	☐	☐	☐	(40)
aa. RFK	☐	☐	☐	(41)
ab. Demerol	☐	☐	☐	(42)
ac. Methadone	☐	☐	☐	(43)
ad. Darvon	☐	☐	☐	(44)
ae. Glue (Toluene, acetone)	☐	☐	☐	(45)
af. Gasoline	☐	☐	☐	(46)
ag. Kerosene	☐	☐	☐	(47)
ah. RNR	☐	☐	☐	(48)
ai. Amyl Nitrite	☐	☐	☐	(49)
aj. Antihistamines	☐	☐	☐	(50)
ak. Non-prescriptive sedatives	☐	☐	☐	(51)
al. Dextromethorphan hydrobromide-based cough medicines (Romilar CF, Robitussin DM and Cheracol D)	☐	☐	☐	(52)
am. Paregoric (camphorated opium tincture)	☐	☐	☐	(53)
an. Aspirin	☐	☐	☐	(54)
ao. Carbon dioxide	☐	☐	☐	(55)
ap. Oxygen (pure)	☐	☐	☐	(56)
aq. THC (Tetrahydrocannabinal	☐	☐	☐	(57)

HERE ARE SOME GENERAL QUESTIONS:

47. Do you have a religious preference -- that is, are you Protestant, Catholic, Jewish, or something else? CHECK ONE.

1. ☐ Protestant
2. ☐ Catholic
3. ☐ Jewish
4. ☐ Atheist
5. ☐ Other ______________________

(15)

48. About how often have you attended church or synagogue during the past year? CHECK ONE.

1. ☐ At least once a week (16)
2. ☐ A few times a month
3. ☐ About once a month
4. ☐ Less than once a month, but more than twice a year
5. ☐ About twice a year
6. ☐ Never

49. How long have you lived in your present city or town? CHECK ONE

1. ☐ Less than 2 years (17)
2. ☐ 2-5 years
3. ☐ 6-10 years
4. ☐ Over 10 years but not all my life
5. ☐ All my life

50. If you have lived in your present city or town less than 3 years, about how many times have you moved from one town to another since you were 10 years old?

GIVE NUMBER _______ (18)

50a. Does your family home or apartment have a:

Den, library, or study ?	Yes ☐	No ☐	(19)
Formal dining room ?	Yes ☐	No ☐	(20)
Basement recreation room ?	Yes ☐	No ☐	(21)
Family room on first or second floor ?	Yes ☐	No ☐	(22)
Two or more bathrooms ?	Yes ☐	No ☐	(23)

51. Please check the box below that most closely corresponds to the education that your FATHER has completed. CHECK ONE.

1. ☐ Less than six grades
2. ☐ Seven or eight grades
3. ☐ Nine, ten, or eleven grades
4. ☐ High school graduate
5. ☐ One, two, or three years of college (24)
6. ☐ College graduate (Bachelor's Degree)
7. ☐ Master's Degree
8. ☐ Graduate work beyond the Master's Degree, Law, medical, or dental degree

52. Please list the one or two magazines that your father likes best:

____________________ ____________________ (25, 26)

53. Please list the one or two magazines that your mother likes best:

____________________ ____________________ (27, 28)

54. If you are living with a relative, please list his or her two favorite magazines:

____________________ ____________________ (29, 30)

55. What is your father's occupation? ____________________ (31, 32)

56. To what extent do you agree with each of the following statements? PLEASE CHECK ONE SQUARE FOR EACH STATEMENT.

	Agree to a great extent	Agree to some extent	Agree to a slight extent	Agree to no extent at all (disagree)		
a.	☐	☐	☐	☐	Young people can do very little to change their lives.	(33)
b.	☐	☐	☐	☐	I am satisfied with my social (dating) life.	(34)
c.	☐	☐	☐	☐	In order to get ahead in the world today, you are almost forced to do some things which just aren't right.	(35)
d.	☐	☐	☐	☐	Sometimes I feel all alone in the world.	(36)
e.	☐	☐	☐	☐	Often I feel that I don't have enough control over the direction my life is taking.	(37)
f.	☐	☐	☐	☐	Adults simply don't understand teenagers.	(38)
g.	☐	☐	☐	☐	If you want people to like you, you have to tell them what they want to hear, even if it isn't the truth.	(39)

Question 56 continued

	Agree to a great extent	Agree to some extent	Agree to a slight extent	Agree to no extent at all (disagree)	
h.	☐	☐	☐	☐	There is not much I can do about most of the important problems we face today. (40)
i.	☐	☐	☐	☐	It is difficult to find friends. (41)
j.	☐	☐	☐	☐	It is necessary that we fight the communists in Viet Nam so that within the next few years we won't have to fight them in California or Hawaii. (42)
k.	☐	☐	☐	☐	The United States is run by middle-aged people and there is not much a young person can do about it. (43)
l.	☐	☐	☐	☐	Making money is one of the most important things in life. (44)
m.	☐	☐	☐	☐	The way that the United States is conducting the war in Viet Nam is almost completely immoral. (45)
n.	☐	☐	☐	☐	Parents complain a great deal about the activities of their teenage children, even though their own behavior is hardly worth imitating. (46)
o.	☐	☐	☐	☐	American youth of my generation have better opportunities for the future than youth of any earlier generation. (47)
p.	☐	☐	☐	☐	Viet Nam has very little to do with our national security and is certainly not worth American lives. (48)
q.	☐	☐	☐	☐	The quality of high school teachers today is better than it has ever been. (49)

57. Interesting jobs for teenagers with reasonable pay may be limited in a community. Let us assume, however, that the following choices were available to you last summer. Choose the two jobs which would have appealed to you the most. If you would have preferred a different kind of job, please describe it below. Let us also assume that each of the listed jobs pay $1.45 per hour. CHECK TWO.

1. ☐ Assist with mentally ill children in a psychiatric hospital.
2. ☐ Assist with construction of a community recreation facility which would be primarily for teenagers.
3. ☐ Work as a waitress or waiter in a psychedelic or rock dance hall where liquor is not served.
4. ☐ Assist at a summer camp for retarded children.
5. ☐ Work as a clerk or helper in a local retail store.
6. ☐ Serve as a junior reporter for your local paper and be assigned to report on teenage happenings.
7. ☐ Serve as a junior reporter on your local paper and be assigned to community economic and social problems.
8. ☐ Assist an organization (50, 51) which attempts to tutor pre-school children from poor families.
9. ☐ Assist or work in the local library.
10. ☐ Assist racing mechanics at a stock car race track.
11. ☐ Assist a local farmer or farm manager.
12. ☐ Work or assist in a nearby industrial plant.
13. ☐ Assist in a county medical care facility for the aged and chronically ill.
14. ☐ Assist with road construction.
15. ☐ Assist or work in a nearby machine shop, auto repair center, tool and die shop, etc.
16. ☐ Other ______________________

____

58. If you had a choice, how would you like to be remembered at your high school? CHECK ONE.

1. ☐ For scholarship--very high grades.
2. ☐ For election to one or more honor societies.
3. ☐ For special achievements--creative writing, art, debate, music.
4. ☐ For athletic abilities and achievements.
5. ☐ For service on the student council, or student government.
6. ☐ For having been very popular with fellow students.
7. ☐ For having been a leader in your graduating class. (52, 53)
8. ☐ For having been a leader in several school clubs.
9. ☐ Other ______________________________

____

OPTIONAL

59. Here are some statements describing different beliefs about and conceptions of God. Check the ONE that best describes your own belief.

1. ☐ I believe in a personal God who is infinitely wise, powerful, and personally interested in Mankind.
2. ☐ I believe in a personal God who is infinitely wise and powerful, yet is not involved in the affairs of Mankind.
3. ☐ God is Nature, Truth, Good, etc., but does not exist in the personal sense.
4. ☐ I am an agnostic--I neither believe nor disbelieve in God. (54)
5. ☐ I am an atheist--I do not believe in God.
6. ☐ Other ______________________________

____

THANK YOU VERY MUCH FOR YOUR PARTICIPATION IN OUR SURVEY.

APPENDIX 3

Memorandum and Tables

January 5, 1969

I MARIHUANA USAGE AND NON-USAGE

A. Frequency and Circumstances of Marihuana Usage

Student respondents who had smoked marihuana one or more times were asked a series of questions regarding frequency of usage and social habits relating to use. The dates when students first tried marihuana are distributed over a span of a year or more and there is no concentration of first use during the 1968 spring semester (see Table VI A). Very few of the students mention regular use of marihuana. Most selected the category "hardly ever" or wrote in the response: "only once" (see Table VI B).

Respondents were asked why they did or do smoke marihuana. There was quite a range of responses. Some students echoed college users: "It releases the mind;" "It's beautiful;" or "It expands your consciousness." Other students simply said that they did it for "kicks" or to try something different (see Table VI C).

B. Introducer

Most of the student users selected the item, "Someone I knew very well," when asked about the person who introduced them to marihuana (see Table VI D). This person was generally a high school student, although college students and other uncategorized persons were also indicated (see Table VI E). Virtually all of the respondents answered "yes" to the question, "Would you say that this person is quite popular and well respected by his friends?" (see Table VI F).

C. Alcohol, Parties, Activities, and Autos

Students were asked if their consumption of alcoholic beverages had changed since they began or first smoked marihuana. Consumption of alcoholic beverages does not appear to have changed much during this period (see Table VI G). Students tended to note fewer fights or arguments at marihuana parties than at liquor or beer parties but about half of the students could not make the comparison (see Table VI H).

Activities associated with the actual smoking of marihuana are varied. Listening to music was commonly mentioned as well as talking with dates and friends. A few checked "sleeping." Other students indicated that they did a number of different things while smoking marihuana, some in combination (see Table VI I).

Students were asked whether they drove a car when using marihuana; a few students answered "yes" to the question (see Table VI J).

D. Non-Use of Marihuana

Students reporting no use of marihuana were asked to check a statement corresponding to their principal reason for not smoking. The most frequently checked item by students at all eleven schools was: "I have just not been particularly interested in this drug." The second most frequently checked item was: "I have been afraid of the possible medical or health dangers." The third most frequently checked item was: "I do not believe in doing what is illegal as a matter of principal." One of the three most infrequently checked items was: "I do not wish to run the risk of legal problems (arrest)" (see Table VI K).

E. Potential Future Use of Marihuana by Current Non-Users

A few of the current non-users answered "yes" to the question, "Do you think you will try marihuana before the end of the coming summer?" This group as a percentage of non-users ranged from about 2% to 7% in the various schools, the percentage being the highest at Central City A School and lowest in the rural community schools (see Table VI L). Larger proportions indicated that they might try marihuana at some time in the future, the percentages ranging from about 5% to 13% (see Table VI M).

F. Judgements of User Friends

Current non-users were asked whether they would change their opinions of friends who used marihuana just once or regularly. Between 3.4% and 31.3% of the non-using students at each of the schools said they would, if the friend used it once (see Table VI N). The proportions of students who would change their opinions if the friend became a regular user are higher, ranging from 39.0% to 71.9%. Private school students are the most tolerant of marihuana users, followed by urban students; the rural students being least tolerant (see Table VI O).

G. Drug Knowledge

All respondents were asked whether high school students know enough about the physical effects of drugs and whether parents knew enough to advise their children. Students generally answered that they did not know enough, the percentages ranging from 13.6 to 36.7% (see Table VI P). Students rated the knowledge of "most parents" even lower with the percentages ranging from 2.3 to 20.1% (see Table VI Q).

II DISCUSSION

Relatively few of the students reporting use of marihuana appear to use this substance regularly. In addition, while use may be spreading throughout the various school populations, about half of the student smokers mentioned that they first tried marihuana before September, 1967. This suggests that from the time marihuana first appears in a given school or the surrounding community, a number of high school students are likely to try the substance. The rate of spread may seem alarming to parents but is probably much slower than the spread of fashions in clothes, speech, etc. The real expension is the number of students who are *exposed* to marihuana. The number of students reporting usage of more than twice a week is so small (2), that it casts doubt on the validity of statements sometimes carried in the mass media, that marihuana *dependence* or abuse is growing rapidly.

Usage appears to spread via a popular high school student who introduces marihuana to his friends. College students, foreign exchange students and other non-high school students (including returning veterans) are also involved and they appear to be popular and well respected.

It was hypothesized that alcoholic beverage consumption would decrease with the introduction of marihuana, which might serve as a favored substitute. Consumption of marihuana, however appears to be so irregular or infrequent, that alcoholic beverage consumption on the high school level does not change significantly. It was also hypothesized that behavior at marihuana parties is less likely to be aggressive than behavior at liquor or beer parties. This hypothesis is based on the statements of certain marihuana proponents to the effect that marihuana is conducive to friendship and relaxation. The hypothesis is partially supported although only about half of the students could answer the party comparison question.

The reasons students gave for smoking are familiar and are very similar to the reasons already given by college students to various surveyors. The reasons do not have the compelling nature which one might expect, considering the legal risks users take.

Students appear to have some discretion over whether they wish to smoke or not. This is in contrast to pack-a-day tobacco smokers who need a cigarette almost every hour and many so-called moderate drinkers who seem to need a drink at the beginning of social occasions or before dinner.

Activities associated with marihuana use appear to be social rather than individual. This is consistent with the observation that marihuana can be used most efficiently by groups of persons who share a single marihuana cigarette.

In view of the severe penalties which an individual can receive for possession of marihuana, it may seem surprising that fear of arrest was so infrequently checked as the most important reason for not trying or using marihuana. These data seriously question the value of using legal sanctions as a principal deterrant to use.

Part of the explanation for the present consumption of marihuana in nine of the eleven schools may be the tolerance which a majority of non-using peers give to one-time users. Such tolerance is not automatically extended to friends who become regular users. The social norms of the schools would seem to permit use of marihuana on an experimental basis but tend to discourage regular use.

III CONCLUSION

The data on usage and non-usage of marihuana generally support the main thesis of the report that the use of it and related soft drugs is principally recreational and experimental. The data also indicate the apparently small role which legal sanctions play in non-use of marihuana. The contrast between the motivations for using marihuana and the penalties for possession of the drug is difficult to comprehend. A high school student with no police record and a promising career ahead of him could get a lengthy prison sentence simply because he was interested in trying something different or doing something (smoking marihuana) for "kicks." The legal risks that students take seem almost alarming considering the short-run pleasures of a marihuana "high." But then, young people take many risks ranging from skate boards to motor cycles to racing a car following drinking. The enormity of the response of law enforcement officials on behalf of the state is hardly more rational. Taking young people from college or the labor market and imprisoning them for possession of marihuana is a very expensive proposition for society. Since there were no victims in the "crimes" that were committed, it is difficult to make a conclusive argument that justice was done.

There is little assurance, moreover, that the successful prosecutions of marihuana users which do occur, serve to intimidate potential users and thereby reduce overall consumption.

In conclusion, we would like to amend the closing remarks of Part III of Drug Dependence in Michigan. We must have frank and open discussion of marihuana and further research on use of marihuana as well as on its chemical nature and physiological effects. The laws on possession of marihuana very obviously have to be reviewed. In fact, a total restructuring of the laws concerning marihuana seems in order.

TABLE VI A
FREQUENCIES OF RESPONSES OF MARIHUANA SMOKERS TO A QUESTION REGARDING USAGE

Q. 40a. "When did you first try marihuana?"

	During the Current Semester (Sp. 1968)	Since September 1967	Before September 1967	
PRIVATE N = 89	7	10	13	
SUBURBAN N = 319	7	14	12	
CENTRAL CITY A N = 148	2	4	12	
CENTRAL CITY B N = 89	1	3	7	
URBAN COMMUNITY A N = 113	1	4	4	
URBAN COMMUNITY B N = 99	1	5	5	
SMALL TOWN UPPER PENNINSULA N = 104	2	0	3	
SMALL TOWN LOWER PENNINSULA N = 132	0	7	3	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	0	0	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0	0	0	
RURAL COMMUNITY UPPER PENNINSULA N = 156	2	3	4	

TABLE VI B
FREQUENCIES OF RESPONSES OF MARIHUANA SMOKERS TO A QUESTION REGARDING USAGE

Q. 40b. "How often do you smoke marihuana?

	More than Twice A Week	Once or Twice A Week	Only Now and Then	Hardly Ever or Only Once
PRIVATE N = 89	0	0	7	23
SUBURBAN N = 319	1	5	14	13
CENTRAL CITY A N = 148	0	1	8	9
CENTRAL CITY B N = 89	0	1	5	5
URBAN COMMUNITY A N = 113	0	0	2	7
URBAN COMMUNITY B N = 99	0	2	1	8
SMALL TOWN UPPER PENNINSULA N = 104	0	1	0	4
SMALL TOWN LOWER PENNINSULA N = 132	1	1	1	7
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	0	0	0
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0	0	0	0
RURAL COMMUNITY UPPER PENNINSULA N = 156	0	1	5	3

TABLE VI C
FREQUENCIES OF RESPONSES OF MARIHUANA SMOKERS TO A QUESTION REGARDING USAGE

Q. 40c. "Why do you or did you smoke (marihuana)?"

	Curiosity, To See What It Was Like, To Do Something Different	I Wanted To, I Wanted To Enjoy It, Etc.	It Releases The Mind, It's Beautiful, Etc.	Not Ascertained
PRIVATE N = 89	21	4	2	3
SUBURBAN N = 319	16	8	5	4
CENTRAL CITY A N = 148	6	5	5	2
CENTRAL CITY B N = 89	3	2	6	0
URBAN COMMUNITY A N = 113	5	2	1	1
URBAN COMMUNITY B N = 99	5	2	2	2
SMALL TOWN UPPER PENNINSULA N = 104	2	0	1	2
SMALL TOWN LOWER PENNINSULA N = 132	-	-	-	-
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	0	0	0
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0	0	0	0
RURAL COMMUNITY UPPER PENNINSULA N = 156	2	2	5	0

TABLE VI D

FREQUENCIES OF RESPONSES OF MARIHUANA SMOKERS TO A QUESTION REGARDING USAGE

Q. 40d. "Who first introduced you to marihuana?"

	Someone I Knew Very Well	Someone I Did Not Know Very Well	Someone I Had Just Met	
PRIVATE N = 89	22	7	1	
SUBURBAN N = 319	26	3	4	
CENTRAL CITY A N = 148	14	2	2	
CENTRAL CITY B N = 89	9	1	1	
URBAN COMMUNITY A N = 113	8	1	0	
URBAN COMMUNITY B N = 99	9	1	1	
SMALL TOWN UPPER PENNINSULA N = 104	5	0	0	
SMALL TOWN LOWER PENNINSULA N = 132	8	2	0	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	0	0	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0	0	0	
RURAL COMMUNITY UPPER PENNINSULA N = 156	2	3	4	

TABLE VI E
FREQUENCIES OF RESPONSES OF MARIHUANA SMOKERS TO A QUESTION REGARDING USAGE

Q. 40e. "Was the person who introduced you to marihuana a college student, a high school student, or someone else?"

	A College Student	A High School Student	Someone Else	
PRIVATE N = 89	11	17	2	
SUBURBAN N = 319	6	24	3	
CENTRAL CITY A N = 148	3	8	7	
CENTRAL CITY B N = 89	4	4	3	
URBAN COMMUNITY A N = 113	2	5	2	
URBAN COMMUNITY B N = 99	1	6	4	
SMALL TOWN UPPER PENNINSULA N = 104	1	1	3	
SMALL TOWN LOWER PENNINSULA N = 132	1	8	1	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	0	0	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0	0	0	
RURAL COMMUNITY UPPER PENNINSULA N = 156	3	6	0	

TABLE VI F
FREQUENCIES OF RESPONSES OF MARIHUANA SMOKERS TO A QUESTION REGARDING USAGE

Q. 40f. "Would you say that this person (who introduced you to marihuana) is quite popular and well respected by his friends?"

	Yes	No	Not Ascertained	
PRIVATE N = 89	27	3	0	
SUBURBAN N = 319	29	2	2	
CENTRAL CITY A N = 148	16	1	1	
CENTRAL CITY B N = 89	10	1	0	
URBAN COMMUNITY A N = 113	9	0	0	
URBAN COMMUNITY B N = 99	8	2	1	
SMALL TOWN UPPER PENNINSULA N = 104	5	0	0	
SMALL TOWN LOWER PENNINSULA N = 132	9	1	0	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	0	0	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0	0	0	
RURAL COMMUNITY UPPER PENNINSULA N = 156	6	3	0	

TABLE VI G
FREQUENCIES OF RESPONSES OF MARIHUANA SMOKERS TO A QUESTION REGARDING USAGE

Q. 40g. "Has your use of alcoholic beverages changed since you began or first smoked marihuana?

	Yes, It Has Increased	Yes, It Has Decreased	No, it is About the Same	No, I Don't Drink
PRIVATE N = 89	1	5	23	1
SUBURBAN N = 319	4	11	15	3
CENTRAL CITY A N = 148	2	3	13	0
CENTRAL CITY B N = 89	0	4	7	0
URBAN COMMUNITY A N = 113	0	2	7	0
URBAN COMMUNITY B N = 99	1	4	6	0
SMALL TOWN UPPER PENNINSULA N = 104	0	1	3	1
SMALL TOWN LOWER PENNINSULA N = 132	3	0	7	0
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	0	0	0
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0	0	0	0
RURAL COMMUNITY UPPER PENNINSULA N = 156	1	8	0	0

TABLE VI H
FREQUENCIES OF RESPONSES OF MARIHUANA SMOKERS TO A QUESTION REGARDING USAGE

Q. 40h. "Have you noticed more, the same number, or fewer fights or arguments at marihuana parties than at liquor or beer parties?"

	Noticed More Fights or Arguments	Noticed the Same Number of Fights or Arguments	Noticed Fewer Fights or Arguments	Can't Say Since I do Not Attend Such Parties
PRIVATE N = 89	0	0	9	21
SUBURBAN N = 319	0	4	16	13
CENTRAL CITY A N = 148	1	1	10	6
CENTRAL CITY B N = 89	0	0	6	5
URBAN COMMUNITY A N = 113	0	2	4	3
URBAN COMMUNITY B N = 99	0	2	5	4
SMALL TOWN UPPER PENNINSULA N = 104	0	0	1	4
SMALL TOWN LOWER PENNINSULA N = 132	0	2	1	7
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	0	0	0
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0	0	0	0
RURAL COMMUNITY UPPER PENNINSULA N = 156	6	0	1	2

TABLE VI I
FREQUENCIES OF RESPONSES OF MARIHUANA SMOKERS TO A QUESTION REGARDING USAGE

Q. 40i. "What activities do you usually engage in when you use marihuana?"

	Sleeping	Listening to Music	Talking with Dates, Friends	Combination of Activities, Other
PRIVATE N = 89	0	10	9	11
SUBURBAN N = 319	0	17	8	8
CENTRAL CITY A N = 148	3	5	3	7
CENTRAL CITY B N = 89	0	5	1	5
URBAN COMMUNITY A N = 113	1	2	1	5
URBAN COMMUNITY B N = 99	0	2	2	7
SMALL TOWN UPPER PENNINSULA N = 104	0	0	2	3
SMALL TOWN LOWER PENNINSULA N = 132	2	4	-	4
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	0	0	0
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0	0	0	0
RURAL COMMUNITY UPPER PENNINSULA N = 156	2	2	-	5

TABLE VI J
FREQUENCIES OF RESPONSES OF MARIHUANA SMOKERS TO A QUESTION REGARDING USAGE

Q. 40j. "When you use marihuana, do you drive a car?"

	Yes	No	Not Ascertained	
PRIVATE N = 89	1	28	1	
SUBURBAN N = 319	6	25	2	
CENTRAL CITY A N = 148	6	12	0	
CENTRAL CITY B N = 89	1	10	0	
URBAN COMMUNITY A N = 113	0	9	0	
URBAN COMMUNITY B N = 99	0	11	0	
SMALL TOWN UPPER PENNINSULA N = 104	0	3	2	
SMALL TOWN LOWER PENNINSULA N = 132	2	8	0	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	0	0	0	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	0	0	0	
RURAL COMMUNITY UPPER PENNINSULA N = 156	1	8	0	

TABLE VI K

FREQUENCIES OF RESPONSES OF NON-MARIHUANA SMOKERS TO A QUESTION REGARDING NON-USAGE OR POTENTIAL USAGE OF MARIHUANA

Q. 41a. "Why have you never smoked marihuana?

	I have just not been particularly interested in this drug.	I have not known how to obtain it, or have never had the opport.	I have been afraid of the possible medical or health dangers.	I do not wish to run the risk of legal problems (arrest).	I do not believe in doing what is illegal as a matter of principle.	I do not believe in it because of my religious convictions.	Other	Not Ascertained
PRIVATE N = 89	35	11	4	1	4	0	4	0
SUBURBAN N = 319	122	18	52	21	22	7	35	9
CENTRAL CITY A N = 148	62	2	15	4	23	4	14	6
CENTRAL CITY B N = 89	45	2	14	2	9	2	5	0
URBAN COMMUNITY A N = 113	44	4	15	3	10	8	19	1
URBAN COMMUNITY B N = 99	37	6	12	4	6	3	19	1
SMALL TOWN UPPER PENNINSULA N = 104	41	6	24	0	13	1	11	3
SMALL TOWN LOWER PENNINSULA N = 132	37	6	21	5	18	7	24	4
RURAL COMMUNITY A LOWER PENNINSULA N = 64	33	1	7	1	5	4	11	2
RURAL COMMUNITY B LOWER PENNINSULA N = 66	37	4	5	1	7	5	4	3
RURAL COMMUNITY UPPER PENNINSULA N = 156	74	11	12	7	10	0	30	3

TABLE VI L
FREQUENCIES OF RESPONSES OF NON-MARIHUANA SMOKERS TO A QUESTION REGARDING NON-USAGE OR POTENTIAL USAGE OF MARIHUANA

Q. 41b. "Do you think you will try marihuana before the end of the coming summer?"

	Yes	No	Don't Know	Not Ascertained
PRIVATE N = 89	3	39	17	0
SUBURBAN N = 319	15	218	45	8
CENTRAL CITY A N = 148	7	106	12	5
CENTRAL CITY B N = 89	1	68	10	0
URBAN COMMUNITY A N = 113	4	91	8	1
URBAN COMMUNITY B N = 99	2	71	14	1
SMALL TOWN UPPER PENNINSULA N = 104	1	88	6	4
SMALL TOWN LOWER PENNINSULA N = 132	2	117	1	2
RURAL COMMUNITY A LOWER PENNINSULA N = 64	1	60	1	2
RURAL COMMUNITY B LOWER PENNINSULA N = 66	1	61	2	2
RURAL COMMUNITY UPPER PENNINSULA N = 156	0	143	1	3

TABLE VI M
FREQUENCIES OF RESPONSES OF NON-MARIHUANA SMOKERS TO A QUESTION REGARDING NON-USAGE OR POTENTIAL USAGE OF MARIHUANA

Q. 41c. "Do you think you will try marihuana any time in the future?"

	Yes	No	Don't Know	Not Ascertained
PRIVATE N = 89	16	23	20	0
SUBURBAN N = 319	33	178	67	8
CENTRAL CITY A N = 148	8	97	21	4
CENTRAL CITY B N = 89	3	62	14	0
URBAN COMMUNITY A N = 113	8	82	13	1
URBAN COMMUNITY B N = 99	9	63	15	1
SMALL TOWN UPPER PENNINSULA N = 104	3	79	13	4
SMALL TOWN LOWER PENNINSULA N = 132	13	102	4	3
RURAL COMMUNITY A LOWER PENNINSULA N = 64	3	55	4	2
RURAL COMMUNITY B LOWER PENNINSULA N = 66	3	51	10	2
RURAL COMMUNITY UPPER PENNINSULA N = 156	18	123	2	4

TABLE VI N
FREQUENCIES OF RESPONSES OF NON-MARIHUANA SMOKERS TO A QUESTION REGARDING NON-USAGE OR POTENTIAL USAGE OF MARIHUANA

Q. 41d. "If a good friend of yours tried marihuana just once, would you change your opinion of him (her)?"

	Yes	No	Don't Know	Not Ascertained
PRIVATE N = 89	2	51	6	0
SUBURBAN N = 319	48	147	82	9
CENTRAL CITY A N = 148	23	71	31	5
CENTRAL CITY B N = 89	11	44	24	0
URBAN COMMUNITY A N = 113	21	53	29	1
URBAN COMMUNITY B N = 99	15	50	22	1
SMALL TOWN UPPER PENNINSULA N = 104	13	51	30	5
SMALL TOWN LOWER PENNINSULA N = 132	42	76	2	2
RURAL COMMUNITY A LOWER PENNINSULA N = 64	20	23	19	2
RURAL COMMUNITY B LOWER PENNINSULA N = 66	18	31	15	2
RURAL COMMUNITY UPPER PENNINSULA N = 156	49	92	3	3

TABLE VI O

FREQUENCIES OF RESPONSES OF NON-MARIHUANA SMOKERS TO A QUESTION REGARDING NON-USAGE OR POTENTIAL USAGE OF MARIHUANA

Q. 41e. "If this same friend became a regular user of marihuana, would you change your opinion of him (her)?"

	Yes	No	Don't Know	Not Ascertained
PRIVATE N = 89	23	12	24	0
SUBURBAN N = 319	158	45	75	8
CENTRAL CITY A N = 148	74	24	26	6
CENTRAL CITY B N = 89	45	19	15	0
URBAN COMMUNITY A N = 113	64	17	21	2
URBAN COMMUNITY B N = 99	44	16	27	1
SMALL TOWN UPPER PENNINSULA N = 104	60	15	19	5
SMALL TOWN LOWER PENNINSULA N = 132	92	26	2	2
RURAL COMMUNITY A LOWER PENNINSULA N = 64	46	9	7	2
RURAL COMMUNITY B LOWER PENNINSULA N = 66	42	9	13	2
RURAL COMMUNITY UPPER PENNINSULA N = 156	106	35	2	4

TABLE VI P

PERCENTAGE RESPONSES TO A QUESTION REGARDING DRUG KNOWLEDGE

Q. 42 "Do you think that most high school students know enough about the physical effects of drugs?"

	Yes, They Know Enough	No, They Do Not Know Enough	Not Ascertained (Actual Number)	
PRIVATE N = 89	13.6%	86.4%	1	
SUBURBAN N = 319	20.4	79.6	6	
CENTRAL CITY A N = 148	36.7	63.3	1	
CENTRAL CITY B N = 89	23.9	76.1	1	
URBAN COMMUNITY A N = 113	27.9	72.1	2	
URBAN COMMUNITY B N = 99	24.2	75.8	0	
SMALL TOWN UPPER PENNINSULA N = 104	14.6	85.4	1	
SMALL TOWN LOWER PENNINSULA N = 132	22.5	77.5	3	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	18.8	81.2	0	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	20.0	80.0	1	
RURAL COMMUNITY UPPER PENNINSULA N = 156	21.9	78.1	1	

TABLE VI Q

PERCENTAGE RESPONSES TO A QUESTION REGARDING DRUG KNOWLEDGE

Q. 43 "Do you think that most parents of high school students know enough about drugs to advise their children?"

	Yes	No	Not Ascertained (Actual Number)	
PRIVATE N = 89	2.3%	97.7%	1	
SUBURBAN N = 319	16.1	83.9	3	
CENTRAL CITY A N = 148	20.1	79.9	4	
CENTRAL CITY B N = 89	12.4	87.6	0	
URBAN COMMUNITY A N = 113	16.2	83.8	2	
URBAN COMMUNITY B N = 99	11.2	88.8	1	
SMALL TOWN UPPER PENNINSULA N = 104	10.7	89.3	1	
SMALL TOWN LOWER PENNINSULA N = 132	15.4	84.6	2	
RURAL COMMUNITY A LOWER PENNINSULA N = 64	14.3	85.7	1	
RURAL COMMUNITY B LOWER PENNINSULA N = 66	7.7	92.3	1	
RURAL COMMUNITY UPPER PENNINSULA N = 156	16.7	83.3	0	

APPENDIX 4

Memorandum and Tables

April 8, 1969

Correlates of Alcohol Consumption

As marihuana is a common core of campus drug use, alcohol is the common core of drug use among students at the five high schools. Virtually, all students mentioning use of marihuana, hashish, LSD, banana skin, benzedrine, methedrine, diet pills, barbiturates, cough medicines, or even glue, are drinkers. The same is true of tobacco.

Socio-economic status does not seem to be an important factor in drinking. Religion is of some importance. Catholics were significantly more likely to drink than Protestants and "other affiliations" at two of the five schools.

Drinkers were significantly earlier daters at all five schools and went steady significantly more often at four schools.

Unlike marihuana smokers, drinkers reported significantly lower grades at four of the five schools but future plans (college, job, etc.) were little different.

Responses to a question about goals in life reveal differences between drinkers and non-drinkers which do not follow the same patterns as in marihuana smoker-non-smoker comparisons. Drinkers were much more likely at all five schools to check the response, "pleasing my parents". This goal is in contrast to the attitudes of marihuana smokers which tend to suggest suspiciousness of the motives of parents and other adults. Drinkers were also much more likely to check, "having a good time", while less likely to check, "living up to my religious ideals". Combining the first two above mentioned responses permits X^2 testing. The patterns at four of five schools are statistically significant.

Marihuana smokers differ little from non-smokers regarding goals in life.

As was noted in the body of the report, drinkers differ little from non-drinkers in school and community activities but are relatively less likely to participate in religious activities. Drinkers attend church less frequently as well. These findings are congruent with the observed tendency of drinkers not to mention religious ideals as part of life goals.

It is clear that many drinkers have dropped out of conventional religious activities. It is our impression that this does not reflect rebellion or strong antipathy to religious beliefs and codes but instead, ordinary disinterest. Religious organizations generally do not permit drinking, nor do they particularly stress "having a good time" although enjoyment would not necessarily be prohibited.

The Drinking Population as a Reservoir of Potential Marihuana Users

One of the more important characteristics of the five drinking sub-populations may be that these groups form a reservoir of potential marihuana smokers. First of all, existing marihuana smokers, as noted above, are with few exceptions, drinkers. Secondly, the marihuana smoking groups and the much larger drinking groups which contain them are relatively similar in terms of the characteristics studied. Thirdly, in responses to a question, "Why have you never smoked marihuana," non-marihuana smoking drinkers were more likely to give as reasons: lack of opportunity, medical or legal risks. Non-drinkers, by contrast, checked such items as, "I have just not been particularly interested," "I do not believe in doing what is illegal as a matter of principle," or "I do not believe in it because of my religious convictions." It would appear that drinkers, if offered marihuana and assurances that there were no medical or legal risks, might well accept.

In conclusion, it is suggested that the "hang-loose" ethic which Suchman has shown to be associated with drug consumption at a California university, is also appropriate in the understanding of marihuana use at five Michigan high schools. High school drinkers, while including and resembling marihuana users, can be described as holding a "sociability" ethic. Holders of this ethic drink for recreational and experimental reasons but not necessarily as a protest against "straight society."

TABLE VII A

GOALS IN LIFE

"Different people strive for different things. Here are some things that you have probably thought about. Check the one thing that you consider to be the most important."

TYPE OF SCHOOL		Pleasing My Parents	Having a Good Time	Living Up to my Religious Ideals	Other Items	TOTALS		SIGNIF. LEVEL
						No.	%	
PRIVATE	Drinker	5	4	1	62	72		
	Non-Drinker	0	0	0	17	17		
SUBURBAN	Drinker	28	33	6	155	189		
	Non-Drinker	12	7	16	87	122		
CENTRAL CITY A	Drinker	20	12	3	66	101		
	Non-Drinker	4	1	5	35	45		
CENTRAL CITY B	Drinker	13	9	4	36	62		
	Non-Drinker	4	1	6	15	26		
URBAN COMMUNITY	Drinker	18	17	3	71	109		
	Non-Drinker	8	4	18	70	100		

TABLE VII B

REASONS FOR NOT SMOKING MARIHUANA AND DRINKING

TYPE OF SCHOOL		I have just not been particularly interested in this drug	It's stupid; other strongly worded statement recorded in questionnaire	I have not known how to obtain it or haven't had opportunity	I have been afraid of health or legal problems	I do not believe in doing what is illegal, as a matter of conviction	I do not believe in it because of my religious convictions	TOTALS
PRIVATE	Drinker	21	3	11	5	3	0	43
	Non-Drinker	14	1	0	0	1	0	16
	Total							59
SUBURBAN	Drinker	64	22	16	43	13	0	158
	Non-Drinker	57	12	2	28	9	7	115
	Total							273
CENTRAL CITY A	Drinker	44	9	2	15	12	0	82
	Non-Drinker	18	5	0	4	10	4	41
	Total							123
CENTRAL CITY B	Drinker	29	4	2	14	2	1	52
	Non-Drinker	16	1	0	2	7	1	27
	Total							79
URBAN COMMUNITY	Drinker	40	16	8	21	3	1	89
	Non-Drinker	43	24	4	13	13	10	107
	Total							196